E104(Dep U.	artment of the Treasury—Internal Revenue Serv S. Individual Income Ta		(99) turn	202	0	OMB No. 154	5-0074	IRS Use	Only-	–Do not w	rite or staple	in this space.	
Filing Status Check only one box.	lf yc	Single D Married filing jointly ou checked the MFS box, enter the r son is a child but not your dependen	name o	-			Head of the HOH d							
Your first name	e and m	iddle initial	Last r	name							Your so	cial securi	ty number	
SRINIDH	I RE	DDY	BAF	RLA							588-5	50-904	2	
lf joint return, s	pouse'	s first name and middle initial	Last r	name							Spouse's social security number			
Home address		er and street). If you have a P.O. box, see AWK TER	e instruc	ctions.					Apt. no. A102			ntial Election	on Campaign	
		ice. If you have a foreign address, also co	omplete	snaces belov	N	Stat	te	ZIP c		_	spouse	if filing joir	ntly, want \$3	
FREMONT	000001		ompioto			CF			538				Checking a	
Foreign countr	v name			Foreign prov	/ince/state/	-		-	gn postal c	ode		ow will not or refund		
r oroigir oounu	ynanio			r oroigir prov	inioo, otato,	ooun	.y		gri pootar o		,	You	Spouse	
At any time du	uring 2	020, did you receive, sell, send, exc	hange,	, or otherwis	e acquire	anyt	financial intere	est in a	any virtua	ıl cur	rency?	Yes	🗙 No	
Standard Deduction		neone can claim: You as a de Spouse itemizes on a separate retur	•		•		a dependent							
Age/Blindnes	s You	: 🗌 Were born before January 2, 1	956	Are blin	d Spo	ouse	: 🗌 Was bo	rn bef	ore Janua	ary 2	, 1956	🗌 ls bl	lind	
Dependent	s (see	instructions):		(2) So	cial security	,	(3) Relations	hip	(4) 🖌	if qu	alifies for	(see instru	ictions):	
If more		irst name Last name		number to you						ax cr	edit	Credit for ot	her dependents	
than four														
dependents,									[
see instruction and check	s —													
here 🕨 🗌									[
	1	Wages, salaries, tips, etc. Attach	Form(s) W-2							1		84,971.	
Attach	2a	Tax-exempt interest	2a			b Ta	axable interes	st.			2b			
Sch. B if	3a	Qualified dividends	3a				rdinary divide				3b			
required.	4a	IRA distributions	4a				axable amour				4b			
	5a	Pensions and annuities	5a			b Ta	axable amour	nt			5b			
Standard	6a	Social security benefits	6a			b Ta	axable amour	nt			6b			
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D	if required.	If not requ	uired,	, check here] 7			
 Single or Married filing 	8	Other income from Schedule 1, lir	ne 9.								8		-6,130.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your	total inco	ome				.)	▶ 9		78,841.	
 Married filing 	10	Adjustments to income:												
jointly or Qualifying	a	From Schedule 1, line 22					10	a						
widow(er), \$24,800	b	Charitable contributions if you take	e the sta	andard dedu	iction. See	instr	ructions 10	b						
Head of	c	c Add lines 10a and 10b. These are your total adjustments to income								. 1	► 10c	;		
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income									▶ 11		78,841.	
 If you checked 	12	Standard deduction or itemized	deduc	ctions (from	Schedule	A)					12		12,400.	
any box under Standard	13	Qualified business income deduct					995-A				13			
Deduction, see instructions.	14	Add lines 12 and 13									14		12,400.	
	15	Taxable income. Subtract line 14	from I	ine 11. If zei	ro or less,	ente	r-0				15		66,441.	
													10.10	

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

Form **1040** (2020)

Form 1040 (2020	D)										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 49	972	3			16	10,404.
	17	Amount from Schedule 2, lin	-				-			17	
	18	Add lines 16 and 17 .								18	10,404.
	19	Child tax credit or credit for								19	
	20	Amount from Schedule 3, lin	•							20	
	21	Add lines 19 and 20 .								21	
	22	Subtract line 21 from line 18								22	10,404.
	23	Other taxes, including self-e								23	0.
	24	Add lines 22 and 23. This is								24	10,404.
	25	Federal income tax withheld									10,1011
	a	Form(s) W-2					25a	10	,820.		
	b	Form(s) 1099					25b	-			
	c	Other forms (see instructions					25c			-	
	d	Add lines 25a through 25c	,							25d	10,820.
	26	2020 estimated tax payment								26	10,020.
 If you have a qualifying child, 	27	Earned income credit (EIC)					27			20	
attach Sch. EIC.	28	Additional child tax credit. A					28			-	
 If you have nontaxable 	29	American opportunity credit					29			-	
combat pay, see instructions.	30	Recovery rebate credit. See					30	1	,416.	-	
	31	Amount from Schedule 3, lin					31		, 110.	-	
	32	Add lines 27 through 31. The						dite		32	1,416.
	33	Add lines 27 (inough 31. The Add lines 25d, 26, and 32. T	33	12,236.							
	34	If line 33 is more than line 24	-						. 🕨	34	1,832.
Refund	34 35a						•	-	· · ·	35a	1,832.
Direct deposit?	>>a ►b	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here . . ▶ Routing number 1 1 0 0 2 5 ▶ c Type: X Checking Savings									1,032.
See instructions.			0 7 2 1 2 3 6 0 5 1 1 applied to your 2021 estimated tax . ▶ 36 36						avings		
	► d										
A	36									37	
Amount You Owe	37	Subtract line 33 from line 24		-						37	
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see											
instructions.	38	Estimated tax penalty (see in					38				
Third Party Designee		you want to allow another	person to disc		m with the		See	Yes. Co	mnlata	مامير	× No
Designee		signee's		Phone		• •			nal identi		
		me ►		no. 🕨					er (PIN)		
Sign	Un	der penalties of perjury, I declare t	hat I have examine	ed this return and	accompanyir	ng sche	edules a	nd statemer	ts, and to	the bes	t of my knowledge and
Here	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (othe	r than taxpaye	r) is ba	sed on a	all informatio	n of whic	n prepar	er has any knowledge.
TIELE	Yo	ur signature		Date	Your occupa	ation					nt you an Identity
	N.									ection P inst.) ▶	IN, enter it here
Joint return? See instructions.	- Cn	ouse's signature. If a joint return, i	ath must sign	Date	CLOUD H					,	t your spouse an
Keep a copy for	Sp	ouse's signature. It a joint return, t	oun must sign.	Date	Spouse's oc	cupatio	JI				ection PIN, enter it here
your records.									(see	inst.) 🕨	
	Ph	one no.		Email address							
Deid	Pre	parer's name	Preparer's signat	ure			Date		PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	RAM SAGAR	GUPTA TAI	LLAM	04/0	1/2021	P0208	2703	Self-employed
Preparer		m's name ► GLOBAL TAX							Pho	ne no. ((678) 965-9522
Use Only		m's address ► 2530 Pebbl		n Cummin	g GA 300	041				's EIN 🕨	
Go to www.irs.a		1040 for instructions and the late			BAA		PEV/	03/25/21 PRO			Form 1040 (2020)

BAA

SCHEDULE	1
(Form 1040)	

Department of the Treasury

Internal Revenue Service

Additional Income and Adjustments to Income

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

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

► Go to www.irs.gov/Form1040 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	Your social security number
SRINIDHI REDDY BARLA	588-50-9042

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
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	-6,130.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-6,130.
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	
For Pa	perwork Reduction Act Notice, see your tax return instructions. BAA REV 03/25/21 PRO	Schedu	le 1 (Form 1040) 2020

(Form 1040) (From rental real estate, royalties, partnersh						corpora	<u>୭</u>					
Dopartme	ent of the Treasury		► Attac), 1040	-SR, 104	10-NR, o	r 1041.					
Internal R	levenue Service (99)		► Go to <i>www.irs.ge</i>	ov/ScheduleE fe	or inst	ructions	and the	latest	information	•	Sequ	hment ence No. 13
Name(s)	shown on return									Your soc		ty number
SRIN	IDHI REDDY										0-904	
Part			s From Rental Real E		-					• •		
	Schedule (C. See	instructions. If you are a	n individual, rep	ort farr	n rental i	ncome c	or loss fi	om Form 48	8 35 on page	e 2, line 4	0.
A Did	l you make any p	bayme	nts in 2020 that would	l require you to	file F	orm(s) 1	099? Se	ee instr	uctions .		. 🗆 `	Yes 🔀 No
B If ""	Yes," did you or	· will yo	ou file required Form(s) 1099?							. 🗌 `	Yes 🗌 No
1 a			each property (street,			,						
Α	H.NO:- 8-6-	-210/	6/A PADMAVATHI	COLONY NEAF	R KRI	SHNNA	TEMPI	E,MAH	ABUBNAGA	AR, TELAN	IAGANA	IN 509001
B												
С			1									
1b	Type of Prop		2 For each rental above, report th	real estate prop	perty li	isted			Rental	Persona		QJV
	(from list bel	ow)	personal use da	vs. Check the	QJV b	ox only	-	L	Days	Day		
	3		if you meet the qualified joint ve	reauirements to	o file a	sail	Α		365		0	
B C					lucio	113.	B					
	f Duo u outru						С					
	of Property:		2 Magatian/Chart	Tarm Dantal	E L o	ad	-		Dontol			
0	le Family Reside		3 Vacation/Short4 Commercial	-Term Rental				7 Self-				
Incom		nce		Properties:		yalties	A	s Othe	<u>r (describe)</u> E			С
3	-			•	3			620.		,		0
4			· · · · · · · ·		4			520.				
Expen		vcu .			-							
					5							
6	-		nstructions)		6							
7			nance		7		1,2	250.				
8	-				8		,					
9					9							
10			essional fees		10							
11	-	•			11		1,1	150.				
12	Mortgage intere	est pai	d to banks, etc. (see	instructions)	12							
13	Other interest.				13							
14	Repairs				14		1,6	650.				
15	Supplies				15		1,4	450.				
16	Taxes				16							
17					17		1,2	250.				
18	•	kpense	e or depletion		18							
19	Other (list)				19							
20	Total expenses	. Add	lines 5 through 19 .		20		6,	750.				
21			line 3 (rents) and/or 4									
			instructions to find or	•	0.1		<i>с</i> .	1 2 0				
	file Form 6198				21		-0,	130.				
22			l estate loss after limi		00	(C 1	20 1	(,	,	Ň
020	on Form 8582	•			22	(30.)	(620.	()
23a			eported on line 3 for a eported on line 4 for a					23a 23b		020.	-	
b c			eported on line 4 lor a			•••		230 23c				
d			eported on line 12 for eported on line 18 for					230 23d				
e			eported on line 20 for					23u		6,750.		
24			e amounts shown on							. 24		
25			sses from line 21 and r			-		nter tot:	al losses her		(6,130.)
 26			ate and royalty inco									-, ,
20			V, and line 40 on pa									
			40), line 5. Otherwise,	•								-6,130.

Supplemental Income and Loss

For Paperwork Reduction Act Notice, see the separate instructions.

SCHEDULE E

Schedule E (Form 1040) 2020

OMB No. 1545-0074

2020 California e-file Signature Authorization for Individuals 8879 Your name Your SNN or TTN SRITEDUIT REDDY BARLA 58 = 50 - 90.42 SpouwWRDP's name SpouwWRDP's SNN or TTN Part 1 Tax Return Information (whole dollars only) 1 1 California Adjusted Gross Income (AGI). See Instructions 2 3 Returd or No Amount Due. See Instructions 2 3 Returd or No Amount Due. See Instructions 3 4 def	175		DC		L THIS	FORM T	OTHE FTB
Your name Your SSN or TTN SRITTIPLI I REDDY BARLA SRE-50-9042 Spouwly RDP's name Spouwly RDP's SSN or TTN Part I Tax Return Information (whole dollars only) I 1 Cathorins Adjusted Gross Income (AGI) See instructions 2 2 Amount You Over See instructions 2 3 Returd or No Amount Due. See instructions 2 3 Returd or No Amount Due. See instructions 2 4 Gain Yaou Over Cover See instructions 2 3 Returd or No Amount Due. See instructions 2 4 Gain Yaou Over Cover See instructions 2 4 Gain Yaou Over Cover See instructions 2 5 my dectorior territy. Jocatin Return Howe examined a covy or yniv olividual income tax return. Image address, and collescan tax the Information I provided in the anounts hild and the anounts hild and and the anounts hild and and the information and anounts hild and dott the astructure to the anount on line a dott the anount on line a dott the information in a mount on line a dott the examined the information in the anount on line a dott the information in the anount on line a dott the examined the information in the anount on line a dott the information in the anount on line a dott the examined the information in the information in the information informatin information information information informatin informat	TAXABLE YEAR						FORM
SRINTDHI REDDY BARLA S88-50-9042 SpouseV#RDP's name SpouseV#RDP's SNI or TIN Part I Ex Return Information (whole dolars only) 1 1 California Adjusted Gross Income (AGI). See Instructions 1 2 Amount Vou Ow. See Instructions 2 3 Returd or No Amount Dus. See Instructions 3 4 Returd or No Amount Dus. See Instructions 3 4 Returd or No Amount Dus. See Instructions 3 9 return origination of pripty. I doctare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax identification number and the amount on the 2 application integration of pripty. I doctare that I have examined a copy of my individual income tax return. Individual income tax return. Individual income tax return and accompanying schedules and statements for the tax identification number and the amount on the 2 application integration on my return or refunded in the information and amount on the 2 application integration on my return or refunded is a statement on refunded in the composition integration integration integration and integration and information and another the resoant(S) for the delay of the date when the refuturd was set. If i and filing a blance due return, I unstant my complete intervicte heprotection income tax return and, if applicable, my Electronic Funde Withdrawal Consent included on the copy of my electronic income tax return. Thave Selected a personal identification number (PNI amount in the state information of my tak killit). The remain liable for the tak killity and all applicable interest and panelles. I adknowidege PDP as an apapet to antente and renegati	2020	California e-file Signature Authorizatio	n for	[,] Individ	luals		8879
Spouse/kHDP's name Spouse/kHDP's SSN or TTN Part I Tax Return Information (whole dollars only) 1 75, 941. 1 California Adjusted Gross Income (AGI). See instructions	Your name				Your SSN	or ITIN	
Part I Tax Return Information (whole dollars only) 1 78,841. 1 California Adjusted Gross Income (AGI). See instructions 2 3 Returd or No Amount Due. See instructions 3 464. Part II Taxpayer Declaration and Signature Authorization (Be sur you obtain and keep a copy of your return.) Inder penalities of perjury. I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax speer ending December 31, 2020, and the best of my knowledge and belief, its true, correct, and complete. If uther declare that the information and amounts shown in Part I advov agree with the deciments that the information a mounts shown in Part II advov agree with the deciment and the companying schedules and statements for mit remediates. or comparable form. If applicable, idealer that the information and withorities a field control in the decima statement my remediate service provider (michal advov agree with the decima best of my kentrolicity and the anomyte in the companying schedules and statements for my return or field and point return. The select and complete. Terturn to Field and the company of my return or return is a prior to antic the composition of the other spontent of the otherenellist service provider. Individual incom							
1 California Adjusted Gross Income (AGI). See instructions	Spouse's/RDP's name	e			Spouse's/F	RDP's SSN o	or ITIN
1 California Adjusted Gross Income (AGI). See instructions	Devit I. Tau Datu						
2 Amount You Ove. See instructions 3						4	70 041
3 Refund or No Amount Due. See instructions							
Under penalties of perjury. I declare that T have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending. December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. Turther declare that the information 1 provided to my dectronic return originator (PRO), transmiter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part 1 above agree with the information and amounts shown on the estimated tax generits as shown on my return. If the address in the estimated tax payments as shown on my return and on torm FTB 4456, California e-the Payment Record for Individuals, or a comparable form. If applicable, 1 declare that fuelt exposit return damount on line 3 and/or the estimated tax payments as shown on my return agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider, and/or transmitter the reason(s) for the delay of the date when the return was sent. If 1 am filing a balance worker provider to transmitt my complete provider, and/or transmitter the reason(s) for the delay of the date when the return was sent. If 1 am filing a balance due return, i understand that if the FTB deson to receive full and time payment of my tax liability. I remain liability and il applicable interest and penalties. Lacknowledge that I have read ad consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. The we selected a personal identification number (PNI) as my signature or my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's NH; check one box only i authorize <u>ERO film name</u> to entry 2020 e-filed California individual income tax re							
Under penalties of perjury. I declare that T have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending. December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. Turther declare that the information 1 provided to my dectronic return originator (PRO), transmiter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part 1 above agree with the information and amounts shown on the estimated tax generits as shown on my return. If the address in the estimated tax payments as shown on my return and on torm FTB 4456, California e-the Payment Record for Individuals, or a comparable form. If applicable, 1 declare that fuelt exposit return damount on line 3 and/or the estimated tax payments as shown on my return agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider, and/or transmitter the reason(s) for the delay of the date when the return was sent. If 1 am filing a balance worker provider to transmitt my complete provider, and/or transmitter the reason(s) for the delay of the date when the return was sent. If 1 am filing a balance due return, i understand that if the FTB deson to receive full and time payment of my tax liability. I remain liability and il applicable interest and penalties. Lacknowledge that I have read ad consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. The we selected a personal identification number (PNI) as my signature or my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's NH; check one box only i authorize <u>ERO film name</u> to entry 2020 e-filed California individual income tax re	Part II Taxpave	r Declaration and Signature Authorization (Be sure you obtain and keep a copy of	f vour ret	turn.)			
I authorize <u>GLOBAL TAXES LLC</u> to enter my PIN <u>0 9 0 4 2</u> <u>Do not enter all zeros</u> as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature <u>Date</u> <u>Spouse's/RDP's PIN: check one box only</u> I authorize <u>ERO firm name</u> <u>ERO firm name</u> <u>Do not enter all zeros</u> <i>Do not enter all zeros Spouse's/RDP's PIN: check one box only</i> I authorize <u>ERO firm name</u> <u>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 <i>ERO firm name Do not enter my PIN Do not enter all zeros Do not enter all zeros</i></u>	tax identification nu income tax return. I and on form FTB 84 agrees with the dire agent to authorize a return to the Franch provider, and/or tra does not receive ful read and consent to number (PIN) as my	mber) and the amounts shown in Part I above agree with the information and am- if applicable, I authorize an electronic funds withdrawal of the amount on line 2 an IS5, California e-file Payment Record for Individuals, or a comparable form. If app ect deposit authorization stated on my return. If I have filed a joint return, this is an in electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, of hise Tax Board (FTB). If the processing of my return or refund is delayed, I author ansmitter the reason(s) for the delay or the date when the refund was sent. If I and I and timely payment of my tax liability, I remain liable for the tax liability and all a b the Electronic Funds Withdrawal Consent included on the copy of my electronic Funds y signature for my electronic income tax return and, if applicable, my Electronic Funds.	ounts sho d/or the e licable, I c i irrevocal r interme rize the F um filing a oplicable i ncome tax	wn on the corn stimated tax p declare that dir ble appointmen diate service p TB to disclose a balance due r interest and pe x return. I have	esponding ayments a ect depos nt of the o rovider to to my ER eturn, I ur nalties. I a e selected	g lines of m is shown or it refund am ther spouse transmit m (0, interme nderstand th acknowledg	y electronic n my return nount on line 3 e/RDP as an y complete diate service nat if the FTB e that I have
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature							
as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶	I authorize <u>GI</u>			to enter	my PIN		
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature	as my signatu	re on my 2020 e-filed California individual income tax return.				Do not ch	
Spouse's/RDP's PIN: check one box only I authorize	,		heck this	box only if you	ı are enter	ing your ow	vn PIN and your
Li authorize	Your signature	D	ate 🕨 🔄				
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature	Spouse's/RDP's PI	N: check one box only					
ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature	I authorize			to enter	mv PIN		
and your return is filed using the Practitioner PIN method. The ERO must complete Part III below. Spouse's/RDP's signature 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. State of the practitioner all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.		ERO firm name			,	Do not en	iter all zeros
Practitioner PIN Method Returns Only continue below Part III Certification and Authentication — Practitioner PIN Method Only ERO'S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.				k this box on l	y if you a	are entering	your own PIN
Part III Certification and Authentication — Practitioner PIN Method Only ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.	Spouse's/RDP's sig	nature	[Date 🕨			
ERO'S EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.		Practitioner PIN Method Returns Only continu	e below				
I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.	Part III Certific	ation and Authentication — Practitioner PIN Method Only					
confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.	ERO's EFIN/PIN. En	ter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8				9 8	9
ERO's signature Date 04/01/2021							
	ERO's signature	D:	ite 🕨	04/01/20)21		
			_				

540

2020 California Resident Income Tax Return

	APE	ATTACH FEDERAL RETURN
588-50-9042 BARL SRINIDHIRED BARLA		20
39201 RED HAWK TER FREMONT CA	APT A1 94538	.02
06-04-1995		

		Enter your county at time of filing (see instructions)								
ö	۲	ALAMEDA								
lenc		If your address above is the same as your principal/physical residence address at the time of filing, check this box \odot ×								
esid		If not, enter below your principal/physical residence address at the time of filing.								
Ĩ		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.								
Principal Residence	۲									
Prin		City State ZIP code								
	۲									
		If your California filing status is different from your federal filing status, check the box here								
sr	1 X Single 4 Head of household (with qualifying person). See instructions.									
Filing Status	_									
ng S	2 Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.									
Fili		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								
	Fo	r 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								
su	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked								
ptic	8	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. $\bigcirc 7 \ 1 \ X \ 124 = \bigcirc \ 124 \ 124 \ 124$								
Exemptions	Ŭ	if both are visually impaired, enter 2								
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2								
		REV 03/24/21 PRO								
		175 3101204 Form 540 2020 Side 1								

You	ir nai	me:	BARL	A					You	r SSN	or ITII	V:	588-	-50	-904	12							
	10	Depen	dents:			lude y ndent 1		f or yo	our spo	use/RI		onon	dent 2						Do	pendent 3			
		First	t Name	۲	Dehei						•	ehein								penuent 3			
s		Last	Name																				
ption			. See																				
Exemptions		Dep	ructions. endent's																				
-		to yo	tionship Iu	۲																			
	Tota	l depe	ndent e	xemp	otions									• 1	0	>	(\$3	83 = (•\$				
	11	Exen	nption a	amou	int: A	d line	7 thro	ugh li	ne 10. ⁻	Transfe	er this a	amol	unt to I	line 3	32			• • •	11 \$			1	24
	12	State Form	e wages n(s) W-2	from 2, bo	n youi x 16	federa	al 			. • 1	12				8	4971].[00					
	13	Enter	⁻ federa	l adjı	usted	gross	incom	e from	n federa	ıl Form	1040	or 10)40-SF	R, line	e 11 .		🦲) 13				78841	. 00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540).													. 00								
е	15		ract line nstruct															15			-	78841	. 00
ncon	16	Califo	ornia ac I, line 2	ljustr	nents	– addi	itions.	Enter	the am	ount fr	rom Sc	hedu	le CA	(540),								. 00
Taxable Income	17		ornia ac																			78841	
Тах	18	Enter	(-				luction									, 17 					
	10	large		You	r Calif	ornia s	standa	rd dec	duction	showr	ı below	for	your fi	ling	status	8:			ļ				
		 Single or Married/RDP filing separately \$4,601 Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,202 																					
	19	If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions • 18											18				4601	.00					
	15		s than z														🖲) 19				74240	. 00
							×	Tax	Table			Tay I	Rate S	ched	ule								
	31	Tax.	Check t	he bo	ox if f	om:]	3800								_	04				4029	. 00
	32		nption o					nt fron	n line 1		our fede	eral A	AGI is i	more	than		•					124	
Тах			,341, s														0) 32					• 00
	33	Subt	ract line	e 32 f	from I	ine 31.	. If less	s than	zero, e	nter -C)						() 33				3905	. 00
	34	Tax.	See ins	tructi	ions.	Check	the bo	x if fro	om: •	S	chedul	e G-1			FTB	5870A		34					• 00
	35	Add	line 33	and I	ine 34	ł											🖲	35				3905	<u> 00</u>
ts	40	Nonr	ofunda		hild a	nd Dor	andan	+ Cara	- Evnon	000 Cr	odit Ca	o inc	tructio					40					. 00
Special Credits	40		efundal			iu Dep			: ⊏xheu	୬୯୬ ତା	7												
ecial	43		[·] credit								」 cod∈]					nount.							• 00
Sp	44		r credit								_ code	•		⊥a	nd ar	nount.		44					. 00
			ev 03/24/ Form			0		- •	175	5	3	102	2204	Ł	Γ		_						

You	r nar	ne: BARLA Your SSN or ITIN: 588-50-9042				
s	45	To claim more than two credits. See instructions. Attach Schedule P (540)	•	45)0
Credit	46	Nonrefundable Renter's Credit. See instructions	•	46)0
Special Credits	47	Add line 40 through line 46. These are your total credits	۲	47)0
Sp	48	Subtract line 47 from line 35. If less than zero, enter -0	۲	48	3905)0
						_
	61	Alternative Minimum Tax. Attach Schedule P (540)				
Other Taxes	62	Mental Health Services Tax. See instructions				
ther	63	Other taxes and credit recapture. See instructions	•	63	. <u>.</u>	
õ	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	•	64)0
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	•	65	3905)0
	71	California income tax withheld. See instructions	•	71	4369)0
	72	2020 CA estimated tax and other payments. See instructions	•	72)0
	73	Withholding (Form 592-B and/or 593). See instructions		73)0
ents	74	Excess SDI (or VPDI) withheld. See instructions		74		
Payments						
₽.	75	Earned Income Tax Credit (EITC)				
	76	Young Child Tax Credit (YCTC). See instructions	•	76		
	77 78	Net Premium Assistance Subsidy (PAS). See instructions	•	77)0
	10	See instructions	•	78	4369 .0)0
ax	91	Use Tax. Do not leave blank. See instructions			0.00	
Use Tax		If line 91 is zero, check if: X No use tax is owed. You paid your use tax	obli	gatior		
ISR Penaltv	92	Individual Shared Responsibility (ISR) Penalty. See instructions • 92 • × Full-year health care coverage.			.00	
K Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	•	93	4369	00
Overpaid Tax/Tax Due	94 95	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,	۲	94		00
paid		subtract line 92 from line 93	ullet	95	4369 . ()0
Over	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	۲	96)0
_		REV 03/24/21 PRO	_			
		175 3103204			Form 540 2020 Side 3	

Υοι	ır nar	ne: BARLA Your SSN or ITIN: 588-50-9042			
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95) 97	464	. 00
	98	Amount of line 97 you want applied to your 2021 estimated tax	98	0	. 00
	99	Overpaid tax available this year. Subtract line 98 from line 97	99	464	. 00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65) 100		. 00
			<u>Code</u>	Amount	
		California Seniors Special Fund. See instructions	400		. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401		. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403		. 00
		California Breast Cancer Research Voluntary Tax Contribution Fund	405		. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	406		. 00
		Emergency Food for Families Voluntary Tax Contribution Fund	407		. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408		. 00
		California Sea Otter Voluntary Tax Contribution Fund	410		. 00
suc		California Cancer Research Voluntary Tax Contribution Fund	413		. 00
Contributions		School Supplies for Homeless Children Fund	422		. 00
Conti		State Parks Protection Fund/Parks Pass Purchase	423		. 00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	424		. 00
		Keep Arts in Schools Voluntary Tax Contribution Fund	425		. 00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431		. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438		. 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439		. 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	440		. 00
		Schools Not Prisons Voluntary Tax Contribution Fund	443		. 00
		Suicide Prevention Voluntary Tax Contribution Fund	444		. 00
	110	Add code 400 through code 444. This is your total contribution	9 110		. 00

REV 03/24/21 PRO Side 4 Form 540 2020

175

3104204

Γ

111 AMOUNT YOU OWE, If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail row: FRANCHESE TAX BOARD, PD BOX 942687, SACRAMENTO CA 94267-001	You	r nan	ne:	BARLA		Your SSN	or ITIN:	588-50-9	9042	2				
113 Underpayment of estimated tax. Check the box: FTB 5505F attached FTB 5505F attached T13 OD 114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 .00 115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. .464 .00 115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. .464 .00 See instructions. Bare you wrifted the routing and account numbers? Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 Dia attach a voided check or a deposit slip. See instructions. Mail to: IFRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 Dia attach a voided check or a deposit slip. See instructions. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Prob Checking Account number Prob Routing number Checking Account number Prob Prob Savings Inore maining amount of my	Amount You Owe	111	Mail t	to: FRANCHISE	TAX BOARD, PO	BOX 942867,	SACRAMEN				Г	e instructions.	. Do not send cash.	. 00
114 Total amount due. See instructions. Enclose, but do not staple, any payment	t and ties	112 113										. 00		
114 Total amount due. See instructions. Enclose, but do not staple, any payment	Penali		Checl	k the box: ●	FTB 5805 attac	hed •	FTB 5805F	- attached			113			. 00
Mail to: FRANCHISE TAX BOARD, PO BOX 94240, SACRAMENTO CA 94240-0001	_								114			00		
Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into or my refund (line 115) is authorized for direct deposit into the account shown below: • Type into the vacuum of my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into or my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into or my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into or my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into or my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into or my refund (line 115) is authorized for direct deposit into the account shown below: • Routing number into the account number into the account or my refund (line 115) is authorized for direct deposit into the account shown below: • Type into the capeosit and or my refund (line 115) is authorized for direct deposit into the account shown below: • Type into the capeosit and or my refund (line 115) is authorized for direct deposit into the account shown below: • Type into the capeosit and or my refund (line 115) is authorized for direct deposit into the account shown below: • Type into the capeosit and the consequences for not providing the requested information,		115	15 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.											
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: • Figure Checking Ch			Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 • 115									464	.00	
Prove the set of	ect Deposit		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:									ck or a deposit slip.		
Provement of the set of the	d Dir		Douting number			Account r	number					• 116 Direct deposit amount		
Prove the set of	d an			111000025	Savings	4880721	23605						464	• 00
To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to fb.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 Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign) It is unlawful to forge a spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) Preferred phone number Sign Here Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Prins Firm's name (or yours, if self-employed) PTIN global TAXES LLC Po2082703 ignature Firm's address Joint tax Prins address Joint tax Print hird Party Designee's Name Print Third Party Designee's Name Telephone Number REV 0324/21 PRO REV 0324/21 PRO	Refu		Type Routing number Checking Account number					117 Direct deposit amount						
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) Image: Sign Here Image: Spouse's/RDP's signature (if a joint tax return, both must sign) Image: Sign Here Image: Spouse's/RDP's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Image: Spouse's/RDP's signature. Image: Signature. Image: Spouse's/RDP's signature. Joint tax Firm's name (or yours, if self-employed) Stat dress Image: Spouse's/RDP's signature. Joint tax Firm's address Joint tax 2530 PEBBLE CREEK LN CUMMING GA 30041 Version and the delow another person to discuss this tax return with us? See instructions. Yes No Print Third Party Designee's Name Telephone Number Image: REV 0324/21 PRO Image: Rev 0324/21 PRO Image: Rev 0324/21 PRO														
Sign 2816247201 Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM Firm's name (or yours, if self-employed) GLOBAL TAXES LLC Joint tax return? (See instructions) Print Third Party Designee's Name Telephone Number Image: REV 03/24/21 PRO	ftb.o Und knov	ca.go er pe wledg	v/form nalties e and	ns and search for s of perjury, I decla	1131. To request t are that I have exa	his notice by n amined this tax	nail, call 800 return, inclu).852.5711.	panyii	ng schedule	es and si	atements, ar	nd to the best of my)
Sign Here Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM It is unlawful to forge a spouse's/ RDP's signature. Joint tax return? See instructions) Firm's address Joint tax return? (See instructions) Do you want to allow another person to discuss this tax return with us? See instructions. Yes No Print Third Party Designee's Name REV 03/24/21 PRO				Your email add	lress. Enter only one	e email address.						Pr	referred phone number	
The rest of	Si	gn										281	.6247201	
to forge a spouse's/ RDP's signature. Firm's name (or yours, if self-employed) PTIN GLOBAL TAXES LLC P02082703 Firm's address Firm's FEIN 301017196 See instructions) Do you want to allow another person to discuss this tax return with us? See instructions Yes No Print Third Party Designee's Name Telephone Number REV 03/24/21 PRO	Here It is unlaw to forge a spouse's/ RDP's		SYAM PRIYA RAM SAGAR GUPTA TALLAM								nowledge)			
RDP's signature. GLOBAL TAXES LLC P02082703 Firm's address • Firm's FEIN Joint tax return? (See instructions) 2530 PEBBLE CREEK LN CUMMING GA 30041 301017196 Do you want to allow another person to discuss this tax return with us? See instructions Yes X Print Third Party Designee's Name Telephone Number REV 03/24/21 PRO			Firm's name (or yours, if self-employed)								PTIN			
Firm's address Firm's fEIN 2530 PEBBLE CREEK LN CUMMING GA 30041 301017196 Do you want to allow another person to discuss this tax return with us? See instructions Yes × No Print Third Party Designee's Name Telephone Number REV 03/24/21 PRO			GLOBAL TAXES LLC									P02082703	3	
return? (See instructions) Do you want to allow another person to discuss this tax return with us? See instructions Yes No Print Third Party Designee's Name Telephone Number REV 03/24/21 PRO										● Firm's FEIN				
Do you want to allow another person to discuss this tax return with us? See instructions Yes Yes Yes No Telephone Number REV 03/24/21 PRO	return? (See											301017196		
REV 03/24/21 PRO			Do you want to allow another person to discuss this tax return with us? See instructions											
											releph	none Number		
				REV 03/24/21 PRO		175	2105		-			Eorm 54	10 2020 Sida E	