

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

California e-file Return Authorization for Individuals

FORM

8453

Your first name and initial Last name Suffix Your SSN or ITIN
RAVITEJA YALAMANCHILI 711-90-3027
If joint return, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox Daytime telephone number
1063 KONSTANZ TER (201) 749-0419
City State ZIP code
SUNNYVALE CA 94089
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount.
1 California adjusted gross income. See instructions. 120,505.
2 Refund or no amount due. See instructions 288.
3 Amount you owe. See instructions

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

4 [X] Direct deposit of refund
5 [ ] Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2021 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Description, First Payment Due 4/15/2021, Second Payment Due 6/15/2021, Third Payment Due 9/15/2021, Fourth Payment Due 1/15/2022.
6 Amount
7 Withdrawal date

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 288. 12 The remaining amount of my refund for direct deposit
9 Routing number 111000025 13 Routing number
10 Account number 488035919322 14 Account number
11 Type of account: [X] Checking [ ] Savings 15 Type of account: [ ] Checking [ ] Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2020 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here
Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date
It is unlawful to forge a spouse's/RDP's signature.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign
ERO's signature Date Check if also paid preparer Check if self-employed ERO's PTIN
04/22/2021
Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA ZIP code 30041 Firm's FEIN 30-1017196

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign
Paid preparer's signature Date Check if self-employed Paid preparer's PTIN
P02082703
Firm's name (or yours if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA ZIP code 30041 Firm's FEIN 30-1017196

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

711-90-3027 YALA 202-81-4395  
RAVITEJA YALAMANCHILI

20

1063 KONSTANZ TER  
SUNNYVALE CA 94089

08-26-1990

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

Filing Status

1  Single 4  Head of household (with qualifying person). See instructions.

2  Married/RDP filing jointly. See inst. 5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst.

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

Whole dollars only

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

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

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

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> AIRA	<input type="radio"/>	<input type="radio"/>
Last Name	<input type="radio"/> YALAMANCHILI	<input type="radio"/>	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 204770583	<input type="radio"/>	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> DAUGHTER	<input type="radio"/>	<input type="radio"/>

Total dependent exemptions  10  X \$383 =  \$

Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="120505"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="202726"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="202726"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value="2567"/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="205293"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4601"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="200692"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule
	<input checked="" type="radio"/> <b>31</b> <input type="text" value="15793"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="120505"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="117804"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0787"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="9271"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.5870"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="298"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="8973"/> <input type="text" value=".00"/>
<b>41</b> Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>	
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="8973"/> <input type="text" value=".00"/>	

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/>
<b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>	

Your name:  Your SSN or ITIN:

**Special Credits continued**

<b>58</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>58</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>59</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>59</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>60</b>	To claim more than two credits. See instructions . . . . .	<input type="radio"/>	<b>60</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>61</b>	Nonrefundable Renter's Credit. See instructions . . . . .	<input type="radio"/>	<b>61</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>62</b>	Add line 50 and line 55 through 61. These are your total credits . . . . .	<input checked="" type="radio"/>	<b>62</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>63</b>	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/>	<b>63</b>	<input type="text" value="8973"/>	<input type="text" value=".00"/>

**Other Taxes**

<b>71</b>	Alternative Minimum Tax. Attach Schedule P (540NR) . . . . .	<input type="radio"/>	<b>71</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>72</b>	Mental Health Services Tax. See instructions FTB 3805P . . . . .	<input type="radio"/>	<b>72</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>73</b>	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	<b>73</b>	<input type="text" value="125"/>	<input type="text" value=".00"/>
<b>74</b>	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	<input type="radio"/>	<b>74</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>75</b>	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	<input type="radio"/>	<b>75</b>	<input type="text" value="9098"/>	<input type="text" value=".00"/>

**Payments**

<b>81</b>	California income tax withheld. See instructions . . . . .	<input type="radio"/>	<b>81</b>	<input type="text" value="9386"/>	<input type="text" value=".00"/>
<b>82</b>	2020 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	<b>82</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>83</b>	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	<b>83</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>84</b>	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	<b>84</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>85</b>	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	<b>85</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>86</b>	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	<b>86</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>87</b>	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	<input type="radio"/>	<b>87</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>88</b>	Add line 81 through line 87. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	<b>88</b>	<input type="text" value="9386"/>	<input type="text" value=".00"/>

**ISR Penalty**

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

**Overpaid Tax/Tax Due**

<b>92</b>	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	<input checked="" type="radio"/>	<b>92</b>	<input type="text" value="9386"/>	<input type="text" value=".00"/>
<b>93</b>	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	<input checked="" type="radio"/>	<b>93</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>101</b>	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	<input checked="" type="radio"/>	<b>101</b>	<input type="text" value="288"/>	<input type="text" value=".00"/>
<b>102</b>	Amount of line 101 you want applied to your 2021 estimated tax . . . . .	<input type="radio"/>	<b>102</b>	<input type="text" value="0"/>	<input type="text" value=".00"/>

Your name: YALAMANCHILI

Your SSN or ITIN: 711-90-3027

103 Overpaid tax available this year. Subtract line 102 from line 101 . . . . . ● 103 288 .00

104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 . . . . . ● 104 .00

Contributions

Code Amount

California Seniors Special Fund. See instructions . . . . . ● 400 .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . . ● 401 .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . . ● 403 .00

California Breast Cancer Research Voluntary Tax Contribution Fund . . . . . ● 405 .00

California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . . ● 406 .00

Emergency Food for Families Voluntary Tax Contribution Fund . . . . . ● 407 .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . . ● 408 .00

California Sea Otter Voluntary Tax Contribution Fund . . . . . ● 410 .00

California Cancer Research Voluntary Tax Contribution Fund . . . . . ● 413 .00

School Supplies for Homeless Children Fund . . . . . ● 422 .00

State Parks Protection Fund/Parks Pass Purchase . . . . . ● 423 .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . . ● 424 .00

Keep Arts in Schools Voluntary Tax Contribution Fund . . . . . ● 425 .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . . ● 431 .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . . ● 438 .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . . ● 439 .00

Rape Kit Backlog Voluntary Tax Contribution Fund . . . . . ● 440 .00

Schools Not Prisons Voluntary Tax Contribution Fund . . . . . ● 443 .00

Suicide Prevention Voluntary Tax Contribution Fund . . . . . ● 444 .00

120 Add code 400 through code 444. This is your total contribution . . . . . ● 120 .00

Your name:  Your SSN or ITIN:

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

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

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.  
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

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

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

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

**IMPORTANT:** Attach a copy of your complete federal return.

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

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

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

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

**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**)

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

Firm's address  ● Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return RAVITEJA YALAMANCHILI	SSN or ITIN 711903027
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**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.**

**During 2020:**

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

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> WA	<input type="radio"/> CA
b I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> WA 06/01/2020	<input type="radio"/>
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/>	<input type="radio"/>
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was: . . . . .	<input checked="" type="radio"/> 214	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input checked="" type="radio"/> Y	<input type="radio"/> N
8 Before 2020: I was a CA resident for the period of . . . . .	<input type="radio"/>	<input type="radio"/>

**Part II 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 (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 216,928.	<input type="radio"/>	<input type="radio"/> 2,417.	<input checked="" type="radio"/> 219,345.	<input checked="" type="radio"/> 120,505.
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 557. . . . . 3b	<input checked="" type="radio"/> 558.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 558.	<input checked="" type="radio"/> 0.
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5,000. . . . . 5b	<input checked="" type="radio"/> 5,000.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 5,000.	<input checked="" type="radio"/> 0.
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input checked="" type="radio"/> -1,500.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -1,500.	<input checked="" type="radio"/> 0.
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input checked="" type="radio"/> -18,110.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -18,110.	<input checked="" type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input checked="" type="radio"/> 202,876.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 2,417.	<input checked="" type="radio"/> 205,293.	<input checked="" type="radio"/> 120,505.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/> 150.	<input checked="" type="radio"/> 150.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input checked="" type="radio"/> 202,726.	<input checked="" type="radio"/> -150.	<input checked="" type="radio"/> 2,417.	<input checked="" type="radio"/> 205,293.	<input checked="" type="radio"/> 120,505.



**Part III Adjustments to Federal Itemized Deductions**

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

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

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 202,726	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 15,204	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			0.

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/> 10,615	5a		10,615.	
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add line 5a through line 5c <input checked="" type="radio"/> 10,615	5d			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A <input checked="" type="radio"/> 5,000	5e		10,615.	5,615.
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add line 5e and line 6 <input checked="" type="radio"/> 5,000	7		10,615.	5,615.

**Interest You Paid**

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

**Gifts to Charity**

11	Gifts by cash or check <input checked="" type="radio"/> 150	11		<input checked="" type="radio"/>	<input checked="" type="radio"/>
12	Other than by cash or check <input checked="" type="radio"/>	12		<input checked="" type="radio"/>	<input checked="" type="radio"/>
13	Carryover from prior year <input checked="" type="radio"/>	13		<input checked="" type="radio"/>	<input checked="" type="radio"/>
14	Add line 11 through line 13 <input checked="" type="radio"/> 150	14		<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"/>	15		<input checked="" type="radio"/>	<input checked="" type="radio"/>
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**Other Itemized Deductions**

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 5,150	17		10,615.	5,615.

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	18			150.
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**Job Expenses and Certain Miscellaneous Deductions**

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

20 Tax preparation fees.  20

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

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  202,726.

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

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

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

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

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

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

**Part IV California Taxable Income**

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

2 Enter your deductions from line 30  2 .

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

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

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

2020

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

3805P

Form header section containing personal information: First name (RAVITEJA), Initial, Last name (YALAMANCHILI), SSN or ITIN (711903027), Address, Apt. no./Ste. no., City, State, ZIP Code, and a checkbox for amended form.

Part I Additional Tax on Early Distributions - Complete this part if you received a taxable distribution, before you reached age 59 1/2, from a qualified retirement plan (including an IRA) or modified endowment contract.

Table for Part I with 4 rows: 1 Early distributions included in income (5,000.00), 2 Early distributions not subject to tax, 3 Amount subject to additional tax (5,000.00), 4 Tax due (125.00).

\* If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 6% (.06) of that amount on line 4 instead of 2 1/2% (.025). See instructions.

Part II Additional Tax on Certain Distributions from Education Accounts and ABLA Accounts - Complete this part if you included an amount in income on Schedule CA (540 or 540NR) from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLA account.

Table for Part II with 4 rows: 5 Distributions included in income, 6 Distributions not subject to tax, 7 Amount subject to additional tax, 8 Tax due.

Part III Additional Tax on Distributions from Archer and Medicare Advantage Medical Savings Accounts (MSAs) - Complete this part if you reported a taxable distribution from an MSA on federal Form 8853.

Table for Part III with 3 rows: 9 Taxable Archer MSA distribution, 10 a/b exceptions to 12.5% tax, 11 Additional tax due from Medicare Advantage MSA distributions.

Signature. Complete only if you are filing this form by itself and not with your tax return.

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

Your signature Date

X Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.) PTIN

Firm's name (or yours if self-employed) and address Firm's FEIN

Name as Shown on Return  
 RAVITEJA YALAMANCHILI

Social Security No.  
 711-90-3027

**Line 1 – Wages, Salaries, Tips, Etc.**

	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 Excess reimbursements from Form 2106 included in wage income . . . . .		
2 Active duty military pay . . . . .		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act . . . . .		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) . . . . .		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO) . . . . .		
6 Ridesharing fringe benefit differences . . . . .		
7 HSA employer contributions . . . . .		2,417.
8 Paid Family Leave Insurance (PFL) benefits . . . . .		
9 Employer-provided adoption benefits income exclusions. . . . .		
10 In-Home Supportive Services (IHSS) supplementary payment . . . . .		
11 Native American income (Form 3504) . . . . .		
12		
a as smallest of amount spent or fair rental value. . . . .		
b Enter the amount spent on qual. housing expenses _____		
13 Excess moving reimbursements . . . . .		
14 CA Employees and federal Independent Contractors income . . . . .		
15 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. . . . .		2,417.

**Line 4 – IRA, Pensions, and Annuities**

	<b>(B)</b> Subtractions	<b>(C)</b> Additions
<b>IRA's</b>		
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 . . . . .		
<b>Pensions and Annuities</b>	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 Form 1099-R, Railroad Retirement Benefits . . . . .		
Check here to confirm the Tier 2 RRB above is correct . . . ▶ <input type="checkbox"/>		
2 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 4. . . . .		