

IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

| | |
|--------------------------------------------|---------------------------------------|
| Taxpayer's name SHIVA KUMAR KAPARABOINA | Social security number 387-93-5238 |
| Spouse's name | Spouse's social security number |

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

| | | | |
|---|-------------------------------------------------------------------------|---|---------|
| 1 | Adjusted gross income | 1 | 50,290. |
| 2 | Total tax | 2 | 4,348. |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 5,549. |
| 4 | Amount you want refunded to you | 4 | 1,201. |
| 5 | Amount you owe | 5 | |

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

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

Taxpayer's PIN: check one box only

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

| | | | | |
|---|---|---|---|---|
| 3 | 5 | 2 | 3 | 8 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values: SHIVA KUMAR KAPARABOINA, 387-93-5238.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Values: 1 California Adjusted Gross Income (AGI) 50,810; 2 Amount You Owe; 3 Refund or No Amount Due 819.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 3 5 2 3 8 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.

Your signature Date

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return.

[] 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.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 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.

ERO's signature Date 02/05/2021

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

387-93-5238 KAPA
SHIVAKUMAR KAPARABOINA

20

2000 WALNUT AVENUE APT Q108
FREMONT CA 94538

12-31-1994

Principal Residence

Enter your county at time of filing (see instructions)

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . .

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

- 1 Single
 - 2 Married/RDP filing jointly. See inst.
 - 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
 - 4 Head of household (with qualifying person). See instructions.
 - 5 Qualifying widow(er). Enter year spouse/RDP died.
- See instructions.

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

Exemptions

▶ 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 in the box. 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 = \$

Your name: Your SSN or ITIN:

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

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

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

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

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 ● 12 | <input type="text" value="55760"/> | <input type="text" value="00"/> |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 | <input type="text" value="50290"/> | <input type="text" value="00"/> |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 | <input type="text" value="50290"/> | <input type="text" value="00"/> |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16 | <input type="text" value="520"/> | <input type="text" value="00"/> |
| 17 | California adjusted gross income. Combine line 15 and line 16 ● 17 | <input type="text" value="50810"/> | <input type="text" value="00"/> |
| 18 | Enter the larger of { 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. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions ● 18 | <input type="text" value="4601"/> | <input type="text" value="00"/> |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19 | <input type="text" value="46209"/> | <input type="text" value="00"/> |

| | | | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|
| 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31 | <input type="text" value="1591"/> | <input type="text" value="00"/> |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32 | <input type="text" value="124"/> | <input type="text" value="00"/> |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- ● 33 | <input type="text" value="1467"/> | <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. . . ● 34 | <input type="text"/> | <input type="text" value="00"/> |
| 35 | Add line 33 and line 34 ● 35 | <input type="text" value="1467"/> | <input type="text" value="00"/> |

| | | | |
|-----------|-----------------------------------------------------------------------------------------|----------------------|---------------------------------|
| 40 | Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 | <input type="text"/> | <input type="text" value="00"/> |
| 43 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43 | <input type="text"/> | <input type="text" value="00"/> |
| 44 | Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 | <input type="text"/> | <input type="text" value="00"/> |

Your name: Your SSN or ITIN:

| | | | | | | |
|------------------------|----|-------------------------------------------------------------------------------------|----------------------------------|----|-----------------------------------|---------------------------------|
| Special Credits | 45 | To claim more than two credits. See instructions. Attach Schedule P (540) | <input type="radio"/> | 45 | <input type="text"/> | <input type="text" value="00"/> |
| | 46 | Nonrefundable Renter's Credit. See instructions | <input type="radio"/> | 46 | <input type="text"/> | <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"/> | <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="1467"/> | <input type="text" value="00"/> |

| | | | | | | |
|--------------------|----|---------------------------------------------------------------------------------------|-----------------------|----|-----------------------------------|---------------------------------|
| Other Taxes | 61 | Alternative Minimum Tax. Attach Schedule P (540) | <input type="radio"/> | 61 | <input type="text"/> | <input type="text" value="00"/> |
| | 62 | Mental Health Services Tax. See instructions | <input type="radio"/> | 62 | <input type="text"/> | <input type="text" value="00"/> |
| | 63 | Other taxes and credit recapture. See instructions | <input type="radio"/> | 63 | <input type="text"/> | <input type="text" value="00"/> |
| | 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. | <input type="radio"/> | 64 | <input type="text"/> | <input type="text" value="00"/> |
| | 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax | <input type="radio"/> | 65 | <input type="text" value="1467"/> | <input type="text" value="00"/> |

| | | | | | | |
|-----------------|----|-------------------------------------------------------------------------------------------|----------------------------------|----|-----------------------------------|---------------------------------|
| Payments | 71 | California income tax withheld. See instructions | <input type="radio"/> | 71 | <input type="text" value="2286"/> | <input type="text" value="00"/> |
| | 72 | 2020 CA estimated tax and other payments. See instructions | <input type="radio"/> | 72 | <input type="text"/> | <input type="text" value="00"/> |
| | 73 | Withholding (Form 592-B and/or 593). See instructions | <input type="radio"/> | 73 | <input type="text"/> | <input type="text" value="00"/> |
| | 74 | Excess SDI (or VPD) withheld. See instructions | <input type="radio"/> | 74 | <input type="text"/> | <input type="text" value="00"/> |
| | 75 | Earned Income Tax Credit (EITC) | <input type="radio"/> | 75 | <input type="text"/> | <input type="text" value="00"/> |
| | 76 | Young Child Tax Credit (YCTC). See instructions | <input type="radio"/> | 76 | <input type="text"/> | <input type="text" value="00"/> |
| | 77 | Net Premium Assistance Subsidy (PAS). See instructions | <input type="radio"/> | 77 | <input type="text"/> | <input type="text" value="00"/> |
| | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | <input type="text" value="2286"/> | <input type="text" value="00"/> |

| | | | | | | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|----|--------------------------------|---------------------------------|
| Use Tax | 91 | Use Tax. Do not leave blank. See instructions. | <input type="radio"/> | 91 | <input type="text" value="0"/> | <input type="text" value="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. | | | | | |

| | | | | | | |
|--------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------|----|----------------------|---------------------------------|
| ISR Penalty | 92 | Individual Shared Responsibility (ISR) Penalty. See instructions | <input type="radio"/> | 92 | <input type="text"/> | <input type="text" value="00"/> |
| | <input checked="" type="radio"/> Full-year health care coverage. | | | | | |

| | | | | | | |
|-----------------------------|----|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----|-----------------------------------|---------------------------------|
| Overpaid Tax/Tax Due | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 | <input checked="" type="radio"/> | 93 | <input type="text" value="2286"/> | <input type="text" value="00"/> |
| | 94 | Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 | <input checked="" type="radio"/> | 94 | <input type="text"/> | <input type="text" value="00"/> |
| | 95 | Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. | <input checked="" type="radio"/> | 95 | <input type="text" value="2286"/> | <input type="text" value="00"/> |
| | 96 | Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. | <input checked="" type="radio"/> | 96 | <input type="text"/> | <input type="text" value="00"/> |

Your name: Your SSN or ITIN:

| | | | | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------|----------------------------------|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> | 97 | <input type="text" value="819"/> | <input type="text" value=".00"/> |
| | 98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> | 98 | <input type="text" value="0"/> | <input type="text" value=".00"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> | 99 | <input type="text" value="819"/> | <input type="text" value=".00"/> |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> | 100 | <input type="text"/> | <input type="text" value=".00"/> |

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

Your name: Your SSN or ITIN:

Amount You Owe 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 to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
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.
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

Sign Here

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

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

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 Telephone Number

2020 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

SHIVA KUMAR KAPARABOINA

387935238

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"/> 55,240. | <input checked="" type="radio"/> | <input checked="" type="radio"/> 520. |
| 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"/> |
| 5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 6 Social security benefits. a <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 7 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)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|---------------------------------------|
| 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. See instructions | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 3 Business income or (loss). See instructions | <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"/> -4,950. | <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), 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, 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 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. | <input checked="" type="radio"/> 50,290. | <input checked="" type="radio"/> | <input checked="" type="radio"/> 520. |

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

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------|---------------------------------------|
| 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. See instructions | <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. See instructions | <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"/> 50,290. | <input checked="" type="radio"/> | <input checked="" type="radio"/> 520. |

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)) | B Subtractions See instructions | C Additions See instructions |
|---------------------------------------------------------------|------------------------------------|---------------------------------|
|---------------------------------------------------------------|------------------------------------|---------------------------------|

Medical and Dental Expenses See instructions.

| | | | | | | |
|---|-------------------------------------------------------------------------------------------------------|---------|---|----------------------------------|--|----------------------------------|
| 1 | Medical and dental expenses <input checked="" type="radio"/> | | | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> | 50,290. | 2 | | | |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> | 3,772. | 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"/> | 2,843. | 5a | <input checked="" type="radio"/> | 2,843. | |
| 5b | State and local real estate taxes <input checked="" type="radio"/> | | 5b | <input checked="" type="radio"/> | | |
| 5c | State and local personal property taxes <input checked="" type="radio"/> | | 5c | <input checked="" type="radio"/> | | |
| 5d | Add line 5a through line 5c. <input checked="" type="radio"/> | 2,843. | 5d | <input checked="" type="radio"/> | | |
| 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"/> | | 5e | <input checked="" type="radio"/> | 2,843. | <input checked="" type="radio"/> |
| 6 | Other taxes. List type <input checked="" type="radio"/> | | 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 | Add line 5e and line 6. <input checked="" type="radio"/> | 2,843. | 7 | <input checked="" type="radio"/> | 2,843. | <input checked="" type="radio"/> |

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

Gifts to Charity

| | | | | | | |
|----|---------------------------------------------------------------|--|----|----------------------------------|----------------------------------|----------------------------------|
| 11 | Gifts by cash or check <input checked="" type="radio"/> | | 11 | <input checked="" type="radio"/> | <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"/> | <input checked="" type="radio"/> |
| 13 | Carryover from prior year. <input checked="" type="radio"/> | | 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 14 | Add line 11 through line 13. <input checked="" type="radio"/> | | 14 | <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"/> | | 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|----|----------------------------------|----------------------------------|----------------------------------|

Other Itemized Deductions

| | | | | | | |
|----|-----------------------------------------------------------------------------------------------------|--------|----|----------------------------------|----------------------------------|----------------------------------|
| 16 | Other—from list in federal instructions <input checked="" type="radio"/> | | 16 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> | 2,843. | 17 | <input checked="" type="radio"/> | 2,843. | <input checked="" type="radio"/> |
| 18 | Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/> | | 18 | <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 line 19 through line 21 **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 50,290.

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 **\$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 (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. **\$4,601**
Married/RDP filing jointly, head of household, or qualifying widow(er) **\$9,202**

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

| | |
|-----------------------------------------------------------|-------------------------------------------|
| Name as Shown on Return <u>SHIVA KUMAR KAPARABOINA</u> | Social Security No. <u>387-93-5238</u> |
|-----------------------------------------------------------|-------------------------------------------|

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 | | 520. |
| 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. | | 520. |

Line 4 – IRA, Pensions, and Annuities

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