

# IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.  
▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

|  |  |
|--|--|
| Taxpayer's name<br><b>KETAN SANJAY LAHURIKAR</b> | Social security number<br><b>022-75-3687</b> |
| 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.

|  |          |         |
|--|----------|---------|
| <b>1</b> Adjusted gross income . . . . .   | <b>1</b> | 77,962. |
| <b>2</b> Total tax . . . . .   | <b>2</b> | 10,217. |
| <b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . . | <b>3</b> | 12,435. |
| <b>4</b> Amount you want refunded to you . . . . .                               | <b>4</b> | 2,218.  |
| <b>5</b> Amount you owe . . . . .  | <b>5</b> |         |

## 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 

|   |   |   |   |   |
|---|---|---|---|---|
| 5 | 3 | 6 | 8 | 7 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Ketan Lahurikar Date ▶ 03/10/2021

### 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.

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**

**Filing Status**

Single  Married filing separately (MFS) (formerly Married)  Qualifying widow(er) (QW)

Check only one box.

If you checked the QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

|  |                               |                               |  |
|--|-------------------------------|-------------------------------|--|
| Your first name and middle initial<br><b>KETAN SANJAY</b>  |                               | Last name<br><b>LAHURIKAR</b> | Your identifying number (see instructions)<br><b>022-75-3687</b>                                     |
| Home address (number and street or rural route). If you have a P.O. box, see instructions.<br><b>99, VISTA MONTANA</b> |                               |                               | Apt. no.<br><b>4316</b>  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>SAN JOSE CA 95134</b>     |                               |                               | Check if: <input checked="" type="checkbox"/> Individual<br><input type="checkbox"/> Estate or Trust |
| State<br><b>CA</b>   |                               | ZIP code<br><b>95134</b>      |  |
| Foreign country name   | Foreign province/state/county | Foreign postal code           |  |

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?  Yes  No

| Dependents (see instructions):   | (1) First name | Last name | (2) Dependent's identifying number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instr.): |                             |
|--|----------------|-----------|------------------------------------|-------------------------------------|--|-----------------------------|
|  |                |           |                                    |                                     | Child tax credit   | Credit for other dependents |
| If more than four dependents, see instructions and check here <input type="checkbox"/> |                |           |                                    |                                     | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                                    |                                     | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                                    |                                     | <input type="checkbox"/>   | <input type="checkbox"/>    |
|  |                |           |                                    |                                     | <input type="checkbox"/>   | <input type="checkbox"/>    |

|   |     |   |            |         |
|---|-----|---|------------|---------|
| <b>Income Effectively Connected With U.S. Trade or Business</b> | 1a  | Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .  | <b>1a</b>  | 85,495. |
|   | b   | Scholarship and fellowship grants. Attach Form(s) 1042-S or required statement. See instructions . . . . .  | <b>1b</b>  |         |
|   | c   | Total income exempt by a treaty from Schedule OI (Form 1040-NR), Item L, line 1(e) . . . . .  | <b>1c</b>  |         |
|   | 2a  | Tax-exempt interest . . . . .   | <b>2a</b>  |         |
|   |     |   | <b>2b</b>  |         |
|   | 3a  | Qualified dividends . . . . .   | <b>3a</b>  |         |
|   |     |   | <b>3b</b>  |         |
|   | 4a  | IRA distributions . . . . .   | <b>4a</b>  |         |
|   |     |   | <b>4b</b>  |         |
|   | 5a  | Pensions and annuities . . . . .  | <b>5a</b>  |         |
|   |     |   | <b>5b</b>  |         |
|   | 6   | Reserved for future use . . . . .   | <b>6</b>   |         |
|   | 7   | Capital gain or (loss). Attach Schedule D (Form 1040) if required. If not required, check here . . . . . <input type="checkbox"/>                                       | <b>7</b>   |         |
|   | 8   | Other income from Schedule 1 (Form 1040), line 9 . . . . .  | <b>8</b>   | -7,370. |
|   | 9   | Add lines 1a, 1b, 2b, 3b, 4b, 5b, 7, and 8. This is your <b>total effectively connected income</b> . . . . . ▶  | <b>9</b>   | 78,125. |
|   | 10  | Adjustments to income:  |            |         |
|   | a   | From Schedule 1 (Form 1040), line 22 . . . . .  | <b>10a</b> | 163.    |
|   | b   | Charitable contributions for certain residents of India. See instructions . . . . .   | <b>10b</b> |         |
|   | c   | Scholarship and fellowship grants excluded . . . . .  | <b>10c</b> |         |
|   | d   | Add lines 10a through 10c. These are your <b>total adjustments to income</b> . . . . . ▶  | <b>10d</b> | 163.    |
|   | 11  | Subtract line 10d from line 9. This is your <b>adjusted gross income</b> . . . . . ▶  | <b>11</b>  | 77,962. |
|   | 12  | <b>Itemized deductions</b> (from Schedule A (Form 1040-NR)) or, for certain residents of India, standard deduction. See instructions . . . . . Std Dedn US/India Treaty | <b>12</b>  | 12,400. |
|   | 13a | Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .  | <b>13a</b> |         |
|   | b   | Exemptions for estates and trusts only. See instructions . . . . .  | <b>13b</b> |         |
|   | c   | Add lines 13a and 13b . . . . .   | <b>13c</b> |         |
|   | 14  | Add lines 12 and 13c . . . . .  | <b>14</b>  | 12,400. |
|   | 15  | <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .  | <b>15</b>  | 65,562. |

|   |  |  |   |
|---|--|--|---|
| <b>16</b>   | Tax (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____   | <b>16</b>  | 10,217.   |
| <b>17</b>   | Amount from Schedule 2 (Form 1040), line 3 . . . . .   | <b>17</b>  | 0.  |
| <b>18</b>   | Add lines 16 and 17 . . . . .  | <b>18</b>  | 10,217.   |
| <b>19</b>   | Child tax credit or credit for other dependents . . . . .  | <b>19</b>  |   |
| <b>20</b>   | Amount from Schedule 3 (Form 1040), line 7 . . . . .   | <b>20</b>  |   |
| <b>21</b>   | Add lines 19 and 20 . . . . .  | <b>21</b>  |   |
| <b>22</b>   | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .  | <b>22</b>  | 10,217.   |
| <b>23a</b>  | Tax on income not effectively connected with a U.S. trade or business from Schedule NEC (Form 1040-NR), line 15 . . . . .  | <b>23a</b>   |   |
| <b>b</b>  | Other taxes, including self-employment tax, from Schedule 2 (Form 1040), line 10 . . . . .   | <b>23b</b>   |   |
| <b>c</b>  | Transportation tax (see instructions) . . . . .  | <b>23c</b>   |   |
| <b>d</b>  | Add lines 23a through 23c . . . . .  | <b>23d</b>   |   |
| <b>24</b>   | Add lines 22 and 23d. This is your <b>total tax</b> . . . . .  | <b>24</b>  | 10,217.   |
| <b>25</b>   | Federal income tax withheld from:  |  |   |
| <b>a</b>  | Form(s) W-2 . . . . .  | <b>25a</b>   | 12,435.   |
| <b>b</b>  | Form(s) 1099 . . . . .   | <b>25b</b>   |   |
| <b>c</b>  | Other forms (see instructions) . . . . .   | <b>25c</b>   |   |
| <b>d</b>  | Add lines 25a through 25c . . . . .  | <b>25d</b>   | 12,435.   |
| <b>e</b>  | Form(s) 8805 . . . . .   | <b>25e</b>   |   |
| <b>f</b>  | Form(s) 8288-A . . . . .   | <b>25f</b>   |   |
| <b>g</b>  | Form(s) 1042-S . . . . .   | <b>25g</b>   |   |
| <b>26</b>   | 2020 estimated tax payments and amount applied from 2019 return . . . . .  | <b>26</b>  |   |
| <b>27</b>   | Reserved for future use . . . . .  | <b>27</b>  |   |
| <b>28</b>   | Additional child tax credit. Attach Schedule 8812 (Form 1040) . . . . .  | <b>28</b>  |   |
| <b>29</b>   | Credit for amount paid with Form 1040-C . . . . .  | <b>29</b>  |   |
| <b>30</b>   | Reserved for future use . . . . .  | <b>30</b>  |   |
| <b>31</b>   | Amount from Schedule 3 (Form 1040), line 13 . . . . .  | <b>31</b>  |   |
| <b>32</b>   | Add lines 28 through 31. These are your <b>total other payments and refundable credits</b> . . . . .   | <b>32</b>  |   |
| <b>33</b>   | Add lines 25d, 25e, 25f, 25g, 26, and 32. These are your <b>total payments</b> . . . . .   | <b>33</b>  | 12,435.   |
| <b>Refund</b>   | <b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .   | <b>34</b>  | 2,218.  |
|   | <b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>   | <b>35a</b>   | 2,218.  |
| Direct deposit?<br>See instructions.                      | <b>b</b> Routing number <u>1 1 1 9 0 0 6 5 9</u> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings  |  |   |
|   | <b>d</b> Account number <u>1 9 5 6 7 7 5 2 3 1</u>   |  |   |
|   | <b>e</b> If you want your refund check mailed to an address outside the United States not shown on page 1, enter it here.  |  |   |
|   | <b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . .   | <b>36</b>  |   |
| <b>Amount You Owe</b>                                     | <b>37</b> <b>Amount you owe</b> . Subtract line 33 from line 24. For details on how to pay, see instructions . . . . .   | <b>37</b>  |   |
|   | <b>38</b> Estimated tax penalty (see instructions) . . . . .   | <b>38</b>  |   |
| <b>Third Party Designee</b><br>(Other than paid preparer) | Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b>  |  |   |
|   | Designee's name ▶  | Phone no. ▶  | Personal identification number (PIN) ▶ <input type="text"/> |
| <b>Sign Here</b>  | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |  |   |
|   | Your signature<br>▶ <i>Ketan Lahurikar</i>   | Date<br>03/10/2021   | Your occupation<br>PROJECT ENGINEER                         |
|   | Phone no. (331) 315-5986   | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶ <input type="text"/> |   |
|   | Email address ketan.lahurikar@gmail.com  |  |   |
| <b>Paid Preparer Use Only</b>                             | Preparer's name<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM   | Preparer's signature<br>SYAM PRIYA RAM SAGAR GUPTA TALLAM  | Date<br>03/10/2021  |
|   | Firm's name ▶ GLOBAL TAXES LLC   | PTIN<br>P02082703  | Check if:<br><input type="checkbox"/> Self-employed         |
|   | Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041   | Phone no. (678) 965-9522   | Firm's EIN ▶ 30-1017196                                     |

**SCHEDULE NEC  
(Form 1040-NR)**

**Tax on Income Not Effectively Connected With a U.S. Trade or Business**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **7B**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.  
▶ Attach to Form 1040-NR.

Name shown on Form 1040-NR

KETAN SANJAY LAHURIKAR

Your identifying number

022-75-3687

Enter **amount of income** under the appropriate rate of tax. See instructions.

| Nature of Income  |            | (a) 10% | (b) 15% | (c) 30% | (d) Other (specify) |   |
|---|------------|---------|---------|---------|---------------------|---|
|   |            |         |         |         | %                   | % |
| <b>1</b> Dividends and dividend equivalents:  |            |         |         |         |                     |   |
| <b>a</b> Dividends paid by U.S. corporations . . . . .  | <b>1a</b>  |         |         |         |                     |   |
| <b>b</b> Dividends paid by foreign corporations . . . . .   | <b>1b</b>  |         |         |         |                     |   |
| <b>c</b> Dividend equivalent payments received with respect to section 871(m) transactions  | <b>1c</b>  |         |         |         |                     |   |
| <b>2</b> Interest:  |            |         |         |         |                     |   |
| <b>a</b> Mortgage . . . . .   | <b>2a</b>  |         |         |         |                     |   |
| <b>b</b> Paid by foreign corporations . . . . .   | <b>2b</b>  |         |         |         |                     |   |
| <b>c</b> Other . . . . .  | <b>2c</b>  |         |         |         |                     |   |
| <b>3</b> Industrial royalties (patents, trademarks, etc.) . . . . .   | <b>3</b>   |         |         |         |                     |   |
| <b>4</b> Motion picture or TV copyright royalties . . . . .   | <b>4</b>   |         |         |         |                     |   |
| <b>5</b> Other royalties (copyrights, recording, publishing, etc.) . . . . .  | <b>5</b>   |         |         |         |                     |   |
| <b>6</b> Real property income and natural resources royalties . . . . .   | <b>6</b>   |         |         |         |                     |   |
| <b>7</b> Pensions and annuities . . . . .   | <b>7</b>   |         |         |         |                     |   |
| <b>8</b> Social security benefits . . . . .   | <b>8</b>   |         |         |         |                     |   |
| <b>9</b> Capital gain from line 18 below . . . . .  | <b>9</b>   |         |         |         |                     |   |
| <b>10</b> Gambling—Residents of Canada only. Enter net income in column (c).<br>If zero or less, enter -0-.   |            |         |         |         |                     |   |
| <b>a</b> Winnings _____   |            |         |         |         |                     |   |
| <b>b</b> Losses _____   | <b>10c</b> |         |         |         |                     |   |
| <b>11</b> Gambling winnings—Residents of countries other than Canada.<br>Note: Losses not allowed . . . . .   | <b>11</b>  |         |         |         |                     |   |
| <b>12</b> Other (specify) ▶ _____   |            |         |         |         |                     |   |
|   | <b>12</b>  |         |         |         |                     |   |
| <b>13</b> Add lines 1a through 12 in columns (a) through (d) . . . . .  | <b>13</b>  |         |         |         |                     |   |
| <b>14</b> Multiply line 13 by rate of tax at top of each column . . . . .   | <b>14</b>  |         |         |         |                     |   |
| <b>15</b> Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ | <b>15</b>  |         |         |         |                     |   |

**Capital Gains and Losses From Sales or Exchanges of Property**

| Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040).<br><br>Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040), Form 4797, or both. | <b>16</b> | (a) Kind of property and description<br>(if necessary, attach statement of descriptive details not shown below)             | (b) Date acquired<br>mm/dd/yyyy | (c) Date sold<br>mm/dd/yyyy | (d) Sales price | (e) Cost or other basis | (f) LOSS  | (g) GAIN  |
|--|-----------|---|---------------------------------|-----------------------------|-----------------|-------------------------|---|---|
|  |           |   |                                 |                             |                 |                         | If (e) is more than (d), subtract (d) from (e). | If (d) is more than (e), subtract (e) from (d). |
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  |           |   |                                 |                             |                 |                         |   |   |
|  | <b>17</b> | Add columns (f) and (g) of line 16 . . . . .  |                                 |                             |                 |                         | ( )   |   |
|  | <b>18</b> | Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0- . ▶ |                                 |                             |                 |                         |   |   |

**SCHEDULE OI  
(Form 1040-NR)**

Department of the Treasury  
Internal Revenue Service (99)

**Other Information**

▶ Go to [www.irs.gov/Form1040NR](http://www.irs.gov/Form1040NR) for instructions and the latest information.  
▶ Attach to Form 1040-NR.  
▶ Answer all questions.

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **7C**

Name shown on Form 1040-NR

KETAN SANJAY LAHURIKAR

Your identifying number

022-75-3687

- A** Of what country or countries were you a citizen or national during the tax year? INDIA
- B** In what country did you claim residence for tax purposes during the tax year? United States
- C** Have you ever applied to be a green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- D** Were you ever:
1. A U.S. citizen? . . . . .  Yes  No
2. A green card holder (lawful permanent resident) of the United States? . . . . .  Yes  No
- If you answer "Yes" to (1) or (2), see Pub. 519, chapter 4, for expatriation rules that apply to you.
- E** If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. F1
- F** Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status? . . . . .  Yes  No
- If you answered "Yes," indicate the date and nature of the change ▶ \_\_\_\_\_
- G** List all dates you entered and left the United States during 2020. See instructions.

**Note:** If you are a resident of Canada or Mexico **AND** commute to work in the United States at frequent intervals, check the box for **Canada or Mexico** and skip to item H . . . . .  Canada  Mexico

| Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy | Date entered United States<br>mm/dd/yy | Date departed United States<br>mm/dd/yy |
|--|---|--|---|
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

- H** Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2018 \_\_\_\_\_, 2019 \_\_\_\_\_, and 2020 365
- I** Did you file a U.S. income tax return for any prior year? . . . . .  Yes  No
- If "Yes," give the latest year and form number you filed ▶ 1040NR
- J** Are you filing a return for a trust? . . . . .  Yes  No
- If "Yes," did the trust have a U.S. or foreign owner under the grantor trust rules, make a distribution or loan to a U.S. person, or receive a contribution from a U.S. person? . . . . .  Yes  No
- K** Did you receive total compensation of \$250,000 or more during the tax year? . . . . .  Yes  No
- If "Yes," did you use an alternative method to determine the source of this compensation? . . . . .  Yes  No
- L** Income Exempt From Tax—If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.
1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

| (a) Country | (b) Tax treaty article | (c) Number of months claimed in prior tax years | (d) Amount of exempt income in current tax year |
|-------------|------------------------|---|---|
|             |                        |   |   |
|             |                        |   |   |
|             |                        |   |   |

**(e) Total.** Enter this amount on Form 1040-NR, line 1c. Do not enter it on line 1a or line 1b . . . . . ▶ \_\_\_\_\_

2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above? . . . . .  Yes  No
3. Are you claiming treaty benefits pursuant to a Competent Authority determination? . . . . .  Yes  No
- If "Yes," attach a copy of the Competent Authority determination letter to your return.
- M** Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . ▶
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d). See instructions . . . . . ▶

**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.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
022-75-3687

**Part I Additional Income**

|           |   |           |         |
|-----------|---|-----------|---------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                | <b>1</b>  |         |
| <b>2a</b> | Alimony received . . . . .  | <b>2a</b> |         |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions) ▶ _____                   |           |         |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .  | <b>3</b>  |         |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .   | <b>4</b>  |         |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E   | <b>5</b>  | -7,370. |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .  | <b>6</b>  |         |
| <b>7</b>  | Unemployment compensation . . . . .   | <b>7</b>  |         |
| <b>8</b>  | Other income. List type and amount ▶ _____  | <b>8</b>  |         |
| <b>9</b>  | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . . | <b>9</b>  | -7,370. |

**Part II Adjustments to Income**

|            |   |            |      |
|------------|---|------------|------|
| <b>10</b>  | Educator expenses . . . . .   | <b>10</b>  |      |
| <b>11</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                 | <b>11</b>  |      |
| <b>12</b>  | Health savings account deduction. Attach Form 8889 . . . . .  | <b>12</b>  |      |
| <b>13</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .   | <b>13</b>  |      |
| <b>14</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .  | <b>14</b>  |      |
| <b>15</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .  | <b>15</b>  |      |
| <b>16</b>  | Self-employed health insurance deduction . . . . .  | <b>16</b>  |      |
| <b>17</b>  | Penalty on early withdrawal of savings . . . . .  | <b>17</b>  |      |
| <b>18a</b> | Alimony paid . . . . .  | <b>18a</b> |      |
| <b>b</b>   | Recipient's SSN . . . . . ▶ _____   |            |      |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions) ▶ _____   |            |      |
| <b>19</b>  | IRA deduction . . . . .   | <b>19</b>  |      |
| <b>20</b>  | Student loan interest deduction . . . . .   | <b>20</b>  | 163. |
| <b>21</b>  | Tuition and fees deduction. Attach Form 8917 . . . . .  | <b>21</b>  |      |
| <b>22</b>  | Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . . | <b>22</b>  | 163. |

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

▶ Go to [www.irs.gov/ScheduleE](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

KETAN SANJAY LAHURIKAR

022-75-3687

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

**A** Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

**B** If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

|           |   |  |                  |                   |                          |
|-----------|---|--|------------------|-------------------|--------------------------|
| <b>1a</b> | Physical address of each property (street, city, state, ZIP code) |  |                  |                   |                          |
| <b>A</b>  | ULKANAGRI , GARKHEDA AURANGABAD MAHARASHTRA IN 431009             |  |                  |                   |                          |
| <b>B</b>  |   |  |                  |                   |                          |
| <b>C</b>  |   |  |                  |                   |                          |
| <b>1b</b> | Type of Property (from list below)                                | <b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV                      |
| <b>A</b>  | 3   |  | <b>A</b> 365     | 0                 | <input type="checkbox"/> |
| <b>B</b>  |   |  | <b>B</b>         |                   | <input type="checkbox"/> |
| <b>C</b>  |   |  | <b>C</b>         |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental
- 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

| Income:          |   | Properties: |   | A          | B | C |
|------------------|---|-------------|---|------------|---|---|
| <b>3</b>         | Rents received . . . . .  | <b>3</b>    |   | 450 .      |   |   |
| <b>4</b>         | Royalties received . . . . .  | <b>4</b>    |   |            |   |   |
| <b>Expenses:</b> |   |             |   |            |   |   |
| <b>5</b>         | Advertising . . . . .   | <b>5</b>    |   |            |   |   |
| <b>6</b>         | Auto and travel (see instructions) . . . . .  | <b>6</b>    |   |            |   |   |
| <b>7</b>         | Cleaning and maintenance . . . . .  | <b>7</b>    |   | 1,090 .    |   |   |
| <b>8</b>         | Commissions. . . . .  | <b>8</b>    |   |            |   |   |
| <b>9</b>         | Insurance . . . . .   | <b>9</b>    |   |            |   |   |
| <b>10</b>        | Legal and other professional fees . . . . .   | <b>10</b>   |   |            |   |   |
| <b>11</b>        | Management fees . . . . .   | <b>11</b>   |   | 800 .      |   |   |
| <b>12</b>        | Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |   |            |   |   |
| <b>13</b>        | Other interest. . . . .   | <b>13</b>   |   |            |   |   |
| <b>14</b>        | Repairs. . . . .  | <b>14</b>   |   | 2,200 .    |   |   |
| <b>15</b>        | Supplies . . . . .  | <b>15</b>   |   | 1,980 .    |   |   |
| <b>16</b>        | Taxes . . . . .   | <b>16</b>   |   |            |   |   |
| <b>17</b>        | Utilities. . . . .  | <b>17</b>   |   | 1,750 .    |   |   |
| <b>18</b>        | Depreciation expense or depletion . . . . .   | <b>18</b>   |   |            |   |   |
| <b>19</b>        | Other (list) ▶ . . . . .  | <b>19</b>   |   |            |   |   |
| <b>20</b>        | Total expenses. Add lines 5 through 19 . . . . .  | <b>20</b>   |   | 7,820 .    |   |   |
| <b>21</b>        | Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .  | <b>21</b>   |   | -7,370 .   |   |   |
| <b>22</b>        | Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .   | <b>22</b>   | ( | -7,370 . ) | ( | ) |
| <b>23a</b>       | Total of all amounts reported on line 3 for all rental properties . . . . .   | <b>23a</b>  |   | 450 .      |   |   |
| <b>b</b>         | Total of all amounts reported on line 4 for all royalty properties . . . . .  | <b>23b</b>  |   |            |   |   |
| <b>c</b>         | Total of all amounts reported on line 12 for all properties . . . . .   | <b>23c</b>  |   |            |   |   |
| <b>d</b>         | Total of all amounts reported on line 18 for all properties . . . . .   | <b>23d</b>  |   |            |   |   |
| <b>e</b>         | Total of all amounts reported on line 20 for all properties . . . . .   | <b>23e</b>  |   | 7,820 .    |   |   |
| <b>24</b>        | <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .  | <b>24</b>   |   |            |   |   |
| <b>25</b>        | <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .  | <b>25</b>   | ( | 7,370 . )  |   |   |
| <b>26</b>        | <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . . | <b>26</b>   |   | -7,370 .   |   |   |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name/Spouse's name and SSN/ITIN. Row 1: KETAN SANJAY LAHURIKAR, 022-75-3687. Row 2: Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California Adjusted Gross Income (AGI) 77,962. Line 2: Amount You Owe. Line 3: Refund or No Amount Due 965.

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. I further 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 or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the 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 acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 5 3 6 8 7 as my signature on my 2020 e-filed California individual income tax return. Do not enter all zeros

[ ] 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 Ketan Lahurikar Date 03/10/2021

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. Do not enter all zeros

[ ] 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 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. 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's signature Date 03/10/2021



# 2020 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

022-75-3687 LAHU  
KETANSANJAY LAHURIKAR

20

99VISTA MONTANA APT 4316  
SAN JOSE CA 95134

03-15-1993

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

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

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 . . . . .

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 =  \$  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: LAHURIKAR Your SSN or ITIN: 022-75-3687

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

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

|           |   |                                    |                                 |
|-----------|---|------------------------------------|---------------------------------|
| <b>12</b> | State wages from your federal Form(s) W-2, box 16 ..... ● 12  | <input type="text" value="85495"/> | <input type="text" value="00"/> |
| <b>13</b> | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ..... ● 13   | <input type="text" value="77962"/> | <input type="text" value="00"/> |
| <b>14</b> | 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"/> |
| <b>15</b> | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15  | <input type="text" value="77962"/> | <input type="text" value="00"/> |
| <b>16</b> | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. .... ● 16   | <input type="text"/>               | <input type="text" value="00"/> |
| <b>17</b> | California adjusted gross income. Combine line 15 and line 16 ..... ● 17  | <input type="text" value="77962"/> | <input type="text" value="00"/> |
| <b>18</b> | Enter the larger of {<br>Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b><br>Your California <b>standard deduction</b> shown below for your filing status:<br>• Single or Married/RDP filing separately. .... \$4,601<br>• Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202<br>If Married/RDP filing separately or the box on line 6 is checked, <b>STOP.</b> See instructions ..... ● 18 | <input type="text" value="4601"/>  | <input type="text" value="00"/> |
| <b>19</b> | Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... ● 19   | <input type="text" value="73361"/> | <input type="text" value="00"/> |

|           |  |                                   |                                 |
|-----------|--|-----------------------------------|---------------------------------|
| <b>31</b> | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule<br><input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 ..... ● 31 | <input type="text" value="3955"/> | <input type="text" value="00"/> |
| <b>32</b> | 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"/> |
| <b>33</b> | Subtract line 32 from line 31. If less than zero, enter -0- ..... ● 33   | <input type="text" value="3831"/> | <input type="text" value="00"/> |
| <b>34</b> | 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"/> |
| <b>35</b> | Add line 33 and line 34 ..... ● 35   | <input type="text" value="3831"/> | <input type="text" value="00"/> |

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

Your name: LAHURIKAR Your SSN or ITIN: 022-75-3687

|                        |    |  |                                  |    |      |     |
|------------------------|----|--|----------------------------------|----|------|-----|
| <b>Special Credits</b> | 45 | To claim more than two credits. See instructions. Attach Schedule P (540). | <input type="radio"/>            | 45 |      | .00 |
|                        | 46 | Nonrefundable Renter's Credit. See instructions                            | <input type="radio"/>            | 46 |      | .00 |
|                        | 47 | Add line 40 through line 46. These are your total credits                  | <input checked="" type="radio"/> | 47 |      | .00 |
|                        | 48 | Subtract line 47 from line 35. If less than zero, enter -0-                | <input checked="" type="radio"/> | 48 | 3831 | .00 |

|                    |    |   |                       |    |      |     |
|--------------------|----|---|-----------------------|----|------|-----|
| <b>Other Taxes</b> | 61 | Alternative Minimum Tax. Attach Schedule P (540)                              | <input type="radio"/> | 61 |      | .00 |
|                    | 62 | Mental Health Services Tax. See instructions                                  | <input type="radio"/> | 62 |      | .00 |
|                    | 63 | Other taxes and credit recapture. See instructions                            | <input type="radio"/> | 63 |      | .00 |
|                    | 64 | Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. | <input type="radio"/> | 64 |      | .00 |
|                    | 65 | Add line 48, line 61, line 62, line 63, and line 64. This is your total tax   | <input type="radio"/> | 65 | 3831 | .00 |

|                 |    |  |                                  |    |      |     |
|-----------------|----|--|----------------------------------|----|------|-----|
| <b>Payments</b> | 71 | California income tax withheld. See instructions                             | <input type="radio"/>            | 71 | 4796 | .00 |
|                 | 72 | 2020 CA estimated tax and other payments. See instructions                   | <input type="radio"/>            | 72 |      | .00 |
|                 | 73 | Withholding (Form 592-B and/or 593). See instructions                        | <input type="radio"/>            | 73 |      | .00 |
|                 | 74 | Excess SDI (or VPD) withheld. See instructions                               | <input type="radio"/>            | 74 |      | .00 |
|                 | 75 | Earned Income Tax Credit (EITC)  | <input type="radio"/>            | 75 |      | .00 |
|                 | 76 | Young Child Tax Credit (YCTC). See instructions                              | <input type="radio"/>            | 76 |      | .00 |
|                 | 77 | Net Premium Assistance Subsidy (PAS). See instructions                       | <input type="radio"/>            | 77 |      | .00 |
|                 | 78 | Add line 71 through line 77. These are your total payments. See instructions | <input checked="" type="radio"/> | 78 | 4796 | .00 |

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

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

|                             |    |  |                                  |    |      |     |
|-----------------------------|----|--|----------------------------------|----|------|-----|
| <b>Overpaid Tax/Tax Due</b> | 93 | Payments balance. If line 78 is more than line 91, subtract line 91 from line 78   | <input checked="" type="radio"/> | 93 | 4796 | .00 |
|                             | 94 | <b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91                                   | <input checked="" type="radio"/> | 94 |      | .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 | 4796 | .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 |      | .00 |

Your name:  Your SSN or ITIN:

|                             |  |            |                                  |                                  |
|-----------------------------|--|------------|----------------------------------|----------------------------------|
| <b>Overpaid Tax/Tax Due</b> | <b>97</b> Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. . . . . <input checked="" type="radio"/> | <b>97</b>  | <input type="text" value="965"/> | <input type="text" value=".00"/> |
|                             | <b>98</b> Amount of line 97 you want applied to your <b>2021</b> estimated tax . . . . . <input type="radio"/>                   | <b>98</b>  | <input type="text" value="0"/>   | <input type="text" value=".00"/> |
|                             | <b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . <input type="radio"/>                        | <b>99</b>  | <input type="text" value="965"/> | <input type="text" value=".00"/> |
|                             | <b>100</b> Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . . <input checked="" type="radio"/>    | <b>100</b> | <input type="text"/>             | <input type="text" value=".00"/> |

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

Your name: LAHURIKAR Your SSN or ITIN: 022-75-3687

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. Pay Online - Go to ftb.ca.gov/pay for more information.

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

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.

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 111900659 Type X Checking Account number 1956775231 Direct deposit amount 965

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 Direct deposit amount

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.

Joint tax return? (See instructions)

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 PTIN P02082703

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

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

Print Third Party Designee's Name Telephone Number