Form 1040-V 2020 Page **2**

IF you live in	THEN use this address to send in your payment
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2020

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury Internal Revenue Service

(99) **202**

Form 1040-V Payment Voucher

▶ Use this voucher when making a payment with Form 1040.

► Do not staple this voucher or your payment to Form 1040.

► Make your check or money order payable to the 'United States Treasury.'

► Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ► 413.

REV 07/28/21 PRO 1555

DHINESSH RAMACHANDRAN

L22 OAK GLEN
IRVINE CA 92618

INTERNAL REVENUE SERVICE P.O. BOX &D2501 CINCINNATI, OH 45280-2501

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly unchecked the MFS box, enter the son is a child but not your dependent	mame of	ed filing separately your spouse. If you	` ′	_		` ,	_		, 0	. , . ,	
Your first name	and m	iddle initial	Last na	me					Your	soci	al security	number	
DHINESSI	H		RAMA	CHANDRAN					654	654-08-9967			
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	Spouse's social security number			
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	1			n Campaign	
622 OAK					10		710				re if you, of filing ioint	ly, want \$3	
	OST OTTI	ce. If you have a foreign address, also c	omplete s	paces below.	Sta			code	to go	to t	his fund. (Checking a	
IRVINE					C2		+	2618			w will not or or refund.	change	
Foreign country	/ name			Foreign province/state	e/coun	ty	For	eign postal cod	e your	lax (You	Spouse	
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquir	e any	financial intere	est ir	any virtual	currency	/?	Yes	⊠ No	
Standard Deduction		eone can claim:	•	•									
Age/Blindness	You:	Were born before January 2,	1956	Are blind S	oouse	: Was bo	rn be	efore Januar	, 2, 195	6	☐ Is blii	nd	
Dependents	s (see	instructions):		(2) Social secur	ty	(3) Relations	nip	(4) 🗸 if	qualifies	for (see instruc	tions):	
If more		irst name Last name		number	,	to you		Child tax cre		- 1		er dependents	
than four													
dependents, see instruction													
and check	5 —												
here ▶ □													
	1	Wages, salaries, tips, etc. Attach	Form(s)	N-2						1	12	2,288.	
Attach	2a	Tax-exempt interest	2a		b T	axable interes	t			2b			
Sch. B if required.	3a	Qualified dividends	3a	16.	b 0	Ordinary divide	nds			3b		16.	
	4a	IRA distributions	4a		b T	axable amour	nt.			4b			
	5a	Pensions and annuities	5a		b T	axable amour	nt.			5b			
Standard	6a	Social security benefits	6a		b T	axable amour	nt.			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not re	quired	, check here		•		7		204.	
Married filing	8	Other income from Schedule 1, li	ne 9 .							8			
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				> _	9	12	2,508.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22				10	а						
widow(er), \$24,800	b	Charitable contributions if you take the standard deduction. See instructions 10b											
Head of	С	Add lines 10a and 10b. These are your total adjustments to income											
household, \$18,650	11	Subtract line 10c from line 9. This is your adjusted gross income										2,508.	
If you checked any box under	12	Standard deduction or itemized deductions (from Schedule A)										2,400.	
Standard	13	Qualified business income deduc	tion. Atta	ich Form 8995 or F	orm 8	3995-A				13			
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.	
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	s, ente	er -0			.	15	11	0,108.	

Form 1040 (2020))							Page 2
	16	Tax (see instructions). Check if any from Form	n(s): 1 881	4 2 4972	3 🗌		16	20,504.
	17					_	17	
	18	Add lines 16 and 17					18	20,504.
	19	Child tax credit or credit for other dependen	nts				19	
	20	Amount from Schedule 3, line 7					20	
	21	Add lines 19 and 20					21	
	22	Subtract line 21 from line 18. If zero or less,					22	20,504.
	23	Other taxes, including self-employment tax,					23	0.
	24	Add lines 22 and 23. This is your total tax		•			24	20,504.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 20	0,091.		
	b	Form(s) 1099			25b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	c	Other forms (see instructions)			25c		-	
	d	Add lines 25a through 25c					25d	20,091.
	26	2020 estimated tax payments and amount a					26	20,001.
 If you have a L qualifying child, 	27	Earned income credit (EIC)					20	
attach Sch. EIC.	28	Additional child tax credit. Attach Schedule			28		-	
If you have nontaxable							-	
combat pay,	29	American opportunity credit from Form 8863	•		29		-	
see instructions.	30	Recovery rebate credit. See instructions .			30		-	
	31	Amount from Schedule 3, line 13			31		-	
	32	Add lines 27 through 31. These are your tot					32	00.001
	33	Add lines 25d, 26, and 32. These are your to					33	20,091.
Refund	34	If line 33 is more than line 24, subtract line 2	34					
	35a	Amount of line 34 you want refunded to you	35a					
Direct deposit? See instructions.	►b	Routing number X X X X X X X X						
	►d	Account number X X X X X X X X			 			
	36	Amount of line 34 you want applied to your						41.2
Amount	37	Subtract line 33 from line 24. This is the am	ount you owe	now		▶	37	413.
You Owe For details on		Note: Schedule H and Schedule SE filers,						
how to pay, see		2020. See Schedule 3, line 12e, and its instr						
instructions.	38	Estimated tax penalty (see instructions) .			38			
Third Party		you want to allow another person to dis						₩.
Designee		tructions			-			⊠ No
		signee's me ▶	Phone no. ▶			sonal ident nber (PIN)		
Cian		der penalties of perjury, I declare that I have examine		l accompanying sch				at of my knowledge and
Sign		ief, they are true, correct, and complete. Declaration						
Here	Yo	ur signature	Date	Your occupation		If th	e IRS ser	nt you an Identity
	k.	_		-		I .		IN, enter it here
Joint return?				ELECTRICA	L ENGINEER	(see	inst.)	
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, both must sign.	Date	Spouse's occupat	ion			nt your spouse an
your records.	,					I	inst.) ►	ection PIN, enter it here
	————	one no. (512)939-8141	Email address	dhinoggh7	 @gmail.com	(***		
		eparer's name Preparer's signa		aniinessii/(Date Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA		מווסיית ייתוד או		P0208	2702	Self-employed
Preparer			NADAG MAN	GUFIA IALLAM	09/10/2021			
Use Only		m's name ► GLOBAL TAXES LLC		678)965-9522				
		m's address ▶ 2530 Pebble Creek I	TI CUIIIIIII				n's EIN ▶	
Go to www.irs.go	ov/Forn	n1040 for instructions and the latest information.		BAA	REV 07/28/21 PR	0		Form 1040 (2020)

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 654-08-9967 DHINESSH RAMACHANDRAN

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I

See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) lines below. Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to (sales price) (or other basis) Form(s) 8949, Part I, combine the result whole dollars. line 2, column (g) with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . 1b Totals for all transactions reported on Form(s) 8949 with 73,321. 76,541. 3,424. 204. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 204. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss)

This	below. form may be easier to complete if you round off cents to le dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	Adjustmento gain or loss Form(s) 8949, F line 2, columi	from Part II,	Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from Forms from Forms 4684, 6781, and 8824			, ,	11	
12	Net long-term gain or (loss) from partnerships, S corporat	tions, estates, and	trusts from Scheo	dule(s) K-1	12	
13	Capital gain distributions. See the instructions				13	
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions	•	-	-	14	
15	Net long-term capital gain or (loss). Combine lines 88 on the back	•	. ,		15	

Schedule D (Form 1040) 2020 Page 2

Part III **Summary** 204. 16 Combine lines 7 and 15 and enter the result 16 • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020
Attachment
Sequence No. 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

Social security number or taxpayer identification number

654-08-9967

DHINESSH RAMACHANDRAN

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions	not reported	d to you on F	orm 1099-B	·			
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), ode in column (f). arate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	10/06/20	73,321.	76,541.	W	3,424.	204.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked) or line 3 (if Box 6).	al here and inc is checked), lir	lude on your ne 2 (if Box B	73.321.	76.541.		3.424.	204.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

TAXABLE YEAR FORM

2020 California e-file Signature Authorization for Individuals	887
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2020	California e-	illo elgilatalo Aatil	· · · · · · · · · · · · · · · · · · ·				8879
our name					Your SSN o	or ITIN	
DHINESSH I	RAMACHANDRAN				654-08-	-9967	
Spouse's/RDP's na	me				Spouse's/RI	DP's SSN or	ITIN
Part I Tax Ret	turn Information (whole dollars	s only)					
		instructions			1		
Refund or No	Amount Due. See instructions					3	693
	· · · · · · · · · · · · · · · · · · ·	Authorization (Be sure you obtain an xamined a copy of my individual income					
ncome tax return nd on form FTB to grees with the di gent to authorize eturn to the Fran rovider, and/or to oes not receive foad and consent	. If applicable, I authorize an el 8455, California e-file Payment rect deposit authorization state an electronic funds withdrawachise Tax Board (FTB). If the pitransmitter the reason(s) for the full and timely payment of my to the Electronic Funds Withdr	on in Part I above agree with the information in Part I above agree with the amous Record for Individuals, or a comparated on my return. If I have filed a joint related in the coessing of my return or refund is done delay or the date when the refund ax liability, I remain liable for the tax liawal Consent included on the copy of	ant on line 2 and/or ole form. If applicate eturn, this is an irre o, transmitter, or intelayed, I authorize was sent. If I am fi ability and all applic my electronic incoi	the estimated ble, I declare to evocable apposite termediate se the FTB to di illing a balance table interest me tax return	I tax payments as hat direct deposit intment of the other to the other to the sclose to my ERG and penalties. I ac I have selected a	s shown on refund amother spouse/fitransmit my 1, intermed iderstand that cknowledge	my return bunt on line RDP as an complete iate servic tif the FTB that I have
,	my signature for my electronic heck one box only	income tax return and, if applicable, n	ny Electronic Funds	Withdrawal (Consent.		
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☑ I authorize <u>C</u>	GLOBAL TAXES LLC	ERO firm name		to	enter my PIN	8 9 Do not ente	
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TAXABLE YEAR

FORM

2020 California Resident Income Tax Return

540

API

ATTACH FEDERAL RETURN

654-08-9967 RAMA

20

DHINESSH RAMACHANDRAN

622 OAK GLEN

IRVINE

CA 92618

05-04-1996

		Enter your county at time of filing (see instructions)
ĕ	\odot	ORANGE
<u>lenc</u>		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🗨 🗶
esic		If not, enter below your principal/physical residence address at the time of filing.
Ē Ā		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	\odot	
Prin		City State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
tus	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
Ē		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
_	Fo	r line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.
SL	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
tio	_	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 1 X \$124 = • \$ 124
d me	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 X \$124 = • \$
EX	9	
		if both are 65 or older, enter 2
Exemptions	9	if both are visually impaired, enter 2

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Yo	ur na	me: RAMA	СНА	NDRAN		Your SS	SN or IT	TIN: 654	-08-9967		•			
	10	Dependents:	Do n	ot include yo Dependent 1	urself or	your spouse	/RDP.	Dependent 2			Dependent 3	1		
		First Name	•	Боронионт				Doponaont E						
SI		Last Name	•											
Exemptions		SSN. See instructions.	•				- -				•			
Exen		Dependent's relationship	•											
	- .	to you												
		ıl dependent e								X \$383 =		1.	24	
_	11	Exemption	amou	int: Add line	/ through	line 10. Iran	ister thi	s amount to	ine 32	•••••	11 \$		24	
	12	State wages Form(s) W-	fron 2, bo	n your federa x 16	l 		12		1222	88 .00				
	13	Enter federa	ıl adjı	usted gross i	ncome fro	om federal Fo	rm 104	0 or 1040-SF	R, line 11	• 13		122508	. 00	
	14		•			Enter the amo			, ,,	• 14			. 00	
Ф	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions												
ncom	16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C												
Taxable Income	17											122508	.00	
Lax	18	Enter the	•	-						,)		• [00]	
		larger of 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 												
	19	If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions 18 4601 OO Subtract line 18 from line 17. This is your taxable income .												
										• 19		117907	. 00	
	•	T 01 1 1			Та	ıx Table	×	Tax Rate S	chedule					
	31	Tax. Check t	ne bo	ox if from:	F	ГВ 3800 (•	FTB 3803		• 31		8094	. 00	
<u> </u>	32					om line 11. If	•		more than	(32		124	. 00	
Tax	33											7970	. 00	
	34			ions. Check t]	ule G-1		OA ● 34			.00	
												7970	.00	
	35	Aud IINė 33	and I	iiie 34						• 35			• [UU]	
dits	40	Nonrefunda	ble C	hild and Dep	endent Ca	re Expenses	Credit.	See instructi	ons	• 40			. 00	
al Cre	43	Enter credit	nam	e			СО	de •	and amou	nt • 43			. 00	
Special Credits	44	Enter credit	nam	е			СО	de •	and amou	nt • 44			. 00	
		REV 05/29	/04 DD											

Side 2 Form 540 2020

You	r nar	ne:	RAMACHANDRAN	Your SSN or ITIN:	654-08-9967					
ts.	45	To cla	aim more than two credits. See instru	uctions. Attach Schedule	P (540)	•	45			. 00
Credit	46	Nonre	efundable Renter's Credit. See instru	ctions		•	46			. 00
Special Credits	47	Add li	ine 40 through line 46. These are you	ur total credits		•	47			. 00
Sp	48	Subtr	act line 47 from line 35. If less than	•	48		7970	. 00		
	61	Alterr	native Minimum Tax. Attach Schedule	e P (540)			61			. 00
Ś	62	Menta	al Health Services Tax. See instructio	•	62			. 00		
Other Taxes	63	Other	taxes and credit recapture. See inst		63			. 00		
Othe	64	Exces	ss Advance Premium Assistance Sub	osidy (APAS) repayment.	See instructions		64			. 00
	65	Add li	ine 48, line 61, line 62, line 63, and l	ine 64. This is your total	tax		65		7970	. 00
	71	Califo	rnia income tax withheld. See instru	ctions		•	71		8663	. 00
	72	2020	CA estimated tax and other payment	ts. See instructions			72			. 00
	73	Withh	nolding (Form 592-B and/or 593). Se	e instructions		•	73			. 00
Payments	74	Exces	ss SDI (or VPDI) withheld. See instru	•	74			. 00		
Payı	75	Earne	ed Income Tax Credit (EITC)	•	75			. 00		
	76	Young	g Child Tax Credit (YCTC). See instru	ctions			76			. 00
	77 78	Add Ii	remium Assistance Subsidy (PAS). Sine 71 through line 77. These are yourstructions	ur total payments.			[8663	. 00
Use Tax	91		Fax. Do not leave blank. See instruction 91 is zero, check if:	ionsuse tax is owed.	_	se tax obli	gation	0 .00 directly to CDTFA.		
ISR Penalty	92	Г	dual Shared Responsibility (ISR) Pe	nalty. See instructions	• 92			.00		
ax Due	93	Paym	ents balance. If line 78 is more than	line 91, subtract line 91	from line 78	•	93		8663	. 00
Overpaid Tax/Tax Due	94 95	Paym	Fax balance . If line 91 is more than lents after Individual Shared Responsact line 92 from line 93	.,	[8663	. 00		
Overpa	96	Indivi	dual Shared Responsibility Penalty E act line 93 from line 92	Balance. If line 92 is mor	e than line 93, then	O				. 00

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654-08-9967 RAMACHANDRAN Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due 693 00 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95...... 0 00 98 693 00 00 Code Amount . 00 California Seniors Special Fund. See instructions..... 00 Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund • 401 . 100 Rare and Endangered Species Preservation Voluntary Tax Contribution Program • 403 00 California Breast Cancer Research Voluntary Tax Contribution Fund..... 00

Emergency Food for Families Voluntary Tax Contribution Fund • 407 California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund...... • 408

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

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

. 00

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

00

. 00 00

You	r nan	ne: l	RAMACHANDR	AN		Your SSN	l or ITIN:	554-08-9	967					
Amount You Owe	111	Mail 1	UNT YOU OWE. If to: FRANCHISE Online – Go to ftb	TAX	BOARD, PO I	BOX 942867,	SACRAMENT				nstructio	ns. Do	not send cash.	. 00
t and ties	112 113		est, late return pe rpayment of estir			yment penalt	ies			112				_00
Interest and Penalties		Chec	k the box:	FT	B 5805 attac	hed •	FTB 5805F	attached		113				_00
		Total	amount due. See	instr	uctions. Encl	ose, but do n	ot staple, any	payment		114				. 00
	115	REFU	IND OR NO AMO	UNT [DUE . Subtrac	t the sum of I	line 110, line 1	112 and line 1	113 from line 9	99. See inst	ructions	٠.		
		Mail t	to: Franchise T	AX B(OARD, PO BO)X 942840, S	ACRAMENTO	CA 94240-00	001	115			693	. 00
Refund and Direct Deposit		See ii	the information nations. Have the following am	you nount	verified the i of my refund	outing and a	ccount numbe	ers? Use who	ole dollars only	'.		heck o	r a deposit slip).
Dire		• R	outing number	• Ty	/pe Checking	Account	number			•	116 Dir	ect dep	oosit amount	
and			111000614			2583311	L12						693	. 00
fund		Tho r	emaining amoun	t of m	Savings	a 115) ic auth	orized for dire	act danceit in	to the account	chown hal	OW.			
æ			•	<u>● Ty</u>	•	,		oct deposit iii	to the account					
		• R	outing number		Checking Savings	Account	number				117 Dir	ect der	oosit amount	_00
IMP	ORTA	NT: S	See the instruction	ns to f		should attack	n a copy of you	ur complete f	ederal tax retu	rn				
To le	earn a	bout y //form nalties e and	your privacy rights is and search for of perjury, I decl belief, it is true, c	s, how	we may use To request the	your informa	ation, and the o	consequence 852.5711.	es for not provi	ding the red	tements,	and to	_	
			Your email ad	dress.	Enter only one	email address.						Preferr	ed phone numbe	er
Si	gn										53	1293	98141	
	ere		Paid preparer's s	ignatu	re (declaration	of preparer is	based on all in	nformation of	which preparer	has any kno	owledge)			
	unlaw	rful	SYAM PRIY	/A R	AM SAGAI	R GUPTA '	TALLAM							
to fo	rge a use's/		Firm's name (or y	ours, i	f self-employed	d)						_	● PTIN	
RDF sign	P's ature.		GLOBAL TA	XES	LLC								P0208270	03
Join	t tax		Firm's address										● Firm's FEIN	
return? (See 2530 PEBBLE CREEK LN CUMMING GA 30041												30101719	96	
instr	uctior	ıs)	Do you want to	allow	another pers	son to discuss	s this tax retur	n with us? Se	ee instructions	•	Y	es	× No	
			Print Third Party	Desigr	nee's Name						Tele	ephone	Number	

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