

Filing Status [X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent

Your first name and middle initial: PALAK
Last name: KALRA
Your social security number: 182-21-5711
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
3323 McCue Rd
Apt. no.: 541
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.
HOUSTON
State: TX
ZIP code: 77056
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 [X] No

Standard Deduction
Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent
[ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1956 [ ] Are blind Spouse: [ ] Was born before January 2, 1956 [ ] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'Dependents (see instructions):'.

Main tax calculation table with 15 rows. Columns include line numbers, descriptions, sub-rows (a, b, c), and final amounts. Total income: 92,376. Taxable income: 79,976.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	13,385.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	13,385.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, 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>	13,385.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	13,385.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	16,475.
<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>	16,475.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	331.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	331.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	16,806.

**Refund**

<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>	3,421.
<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>	3,421.
<b>b</b>	Routing number 1 1 1 9 0 0 6 5 9	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 1 7 6 5 2 7 8 3 2 8		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions  **Yes**. Complete below.  **No**

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

**Sign Here**

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	Date	Your occupation <b>TECHNOLOGY CONSULTANT</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (979) 985-9255 Email address palak.kalra1311@gmail.com

**Paid Preparer Use Only**

Preparer's name <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Preparer's signature <b>SYAM PRIYA RAM SAGAR GUPTA TALLAM</b>	Date <b>09/14/2021</b>	PTIN <b>P02082703</b>	Check if: <input type="checkbox"/> Self-employed
Firm's name <b>GLOBAL TAXES LLC</b>	Firm's address <b>2530 Pebble Creek Ln Cumming GA 30041</b>		Phone no. <b>(678) 965-9522</b>	Firm's EIN <b>30-1017196</b>

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, 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  
PALAK KALRA

Your social security number  
182-21-5711

**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>	-4,950.
<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>	-4,950.

**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>	
<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>	

**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

PALAK KALRA

182-21-5711

**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>	KUKATPALLY HYDERABAD TELANGANA IN 500072				
<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.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<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)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		650.		
<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>		300.		
<b>8</b>	Commissions. . . . .	<b>8</b>		300.		
<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>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		3,500.		
<b>14</b>	Repairs. . . . .	<b>14</b>		250.		
<b>15</b>	Supplies . . . . .	<b>15</b>		250.		
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>		1,000.		
<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>		5,600.		
<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>		-4,950.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	(	-4,950.)	(	)
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		650.		
<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>		5,600.		
<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>	(	4,950.)		
<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>		-4,950.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

**2020**  
Attachment  
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
**PALAK KALRA**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **182-21-5711**

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

<b>1</b>	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions . . . . . ▶		<input checked="" type="checkbox"/> Self-only <input type="checkbox"/> Family
<b>2</b>	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions . . . . .	<b>2</b>	0.
<b>3</b>	If you were under age 55 at the end of 2020 and, on the first day of <b>every</b> month during 2020, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,550 (\$7,100 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	<b>3</b>	3,550.
<b>4</b>	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs . . . . .	<b>4</b>	0.
<b>5</b>	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	3,550.
<b>6</b>	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter . . . . .	<b>6</b>	3,550.
<b>7</b>	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions . . . . .	<b>7</b>	0.
<b>8</b>	Add lines 6 and 7 . . . . .	<b>8</b>	3,550.
<b>9</b>	Employer contributions made to your HSAs for 2020 . . . . .	<b>9</b>	700.
<b>10</b>	Qualified HSA funding distributions . . . . .	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	700.
<b>12</b>	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	<b>12</b>	2,850.
<b>13</b>	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 <b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	<b>13</b>	0.

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

<b>14a</b>	Total distributions you received in 2020 from all HSAs (see instructions) . . . . .	<b>14a</b>	
<b>b</b>	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions . . . . .	<b>14b</b>	
<b>c</b>	Subtract line 14b from line 14a . . . . .	<b>14c</b>	
<b>15</b>	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	<b>15</b>	
<b>16</b>	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>16</b>	
<b>17a</b>	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box . . . . .	<b>17b</b>	

**Part III Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	

**Voucher at bottom of page.**

**DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.**  
If amount of payment is zero, do not mail this voucher.

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2020 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942867  
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE: Calendar Year – File and pay by April 15, 2021.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Use Web Pay and enjoy the ease of our free online payment service. Go to **ftb.ca.gov/pay** for more information.  
**Do not mail this voucher if you use Web Pay.**

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

**CAUTION:** You may be required to pay electronically. See instructions.

TAXABLE YEAR

CALIFORNIA FORM

**2020**

**Payment Voucher for  
Individual e-filed Returns**

**3582 (e-file)**

182-21-5711 KALR  
PALAK KALRA

20

3323 MCCUE RD APT 541  
HOUSTON TX 77056

Amount of Payment 41.

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

182-21-5711 KALR
PALAK KALRA

20

3323 MCCUE RD
HOUSTON TX 77056

APT 541

11-13-1990

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

Filing Status

- 1 [X] 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.

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

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

Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

Exemptions

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions X \$383 =



Your name: KALRA

Your SSN or ITIN: 182-21-5711

11 Exemption amount: Add line 7 through line 10 11 \$ 124

Table with 2 columns: Description and Amount. Rows 12-19. Total Taxable Income section. Values include 1034, 92376, 700, 93076, 4601, 88475.

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803 31 5359 .00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. 32 1034 .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. 35 983 .00

36 CA Tax Rate. Divide line 31 by line 19. 36 0.0606

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. 37 60 .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. 38 0.0111

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions. 39 1 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-. 40 59 .00

41 Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A 41 .00

42 Add line 40 and line 41. 42 59 .00

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. 50 .00

51 Credit for joint custody head of household. See instructions. 51 .00

52 Credit for dependent parent. See instructions. 52 .00

53 Credit for senior head of household. See instructions. 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions. 54 .00

55 Credit amount. See instructions. 55 .00

CA Taxable Income

Special Credits



Your name:  Your SSN or ITIN:

**Special Credits continued**

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

**Other Taxes**

<b>71</b>	Alternative Minimum Tax. Attach Schedule P (540NR) . . . . .	<input type="radio"/>	<b>71</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>72</b>	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	<b>72</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>73</b>	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	<b>73</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>74</b>	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	<input type="radio"/>	<b>74</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>75</b>	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	<input type="radio"/>	<b>75</b>	<input type="text" value="59"/>	<input type="text" value=".00"/>

**Payments**

<b>81</b>	California income tax withheld. See instructions . . . . .	<input type="radio"/>	<b>81</b>	<input type="text" value="18"/>	<input type="text" value=".00"/>
<b>82</b>	2020 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	<b>82</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>83</b>	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	<b>83</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>84</b>	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	<b>84</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>85</b>	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	<b>85</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>86</b>	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	<b>86</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>87</b>	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	<input type="radio"/>	<b>87</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>88</b>	Add line 81 through line 87. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	<b>88</b>	<input type="text" value="18"/>	<input type="text" value=".00"/>

**ISR Penalty**

<b>91</b>	Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	<input type="radio"/>	<b>91</b>	<input type="text" value="0"/>	<input type="text" value=".00"/>
	<input type="radio"/> Full-year health care coverage.				

**Overpaid Tax/Tax Due**

<b>92</b>	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	<input checked="" type="radio"/>	<b>92</b>	<input type="text" value="18"/>	<input type="text" value=".00"/>
<b>93</b>	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	<input checked="" type="radio"/>	<b>93</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>101</b>	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	<input checked="" type="radio"/>	<b>101</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>102</b>	Amount of line 101 you want applied to your <b>2021</b> estimated tax . . . . .	<input type="radio"/>	<b>102</b>	<input type="text"/>	<input type="text" value=".00"/>

Your name:  Your SSN or ITIN:

**103** Overpaid tax available this year. Subtract line 102 from line 101 ..... ● **103**  .00  
**104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ..... ● **104**  .00

		<u>Code</u>	<u>Amount</u>	
<b>Contributions</b>	California Seniors Special Fund. See instructions .....	● <b>400</b>	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund .....	● <b>401</b>	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .....	● <b>403</b>	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund .....	● <b>405</b>	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund .....	● <b>406</b>	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund .....	● <b>407</b>	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund .....	● <b>408</b>	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund .....	● <b>410</b>	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund .....	● <b>413</b>	<input type="text"/>	.00
	School Supplies for Homeless Children Fund .....	● <b>422</b>	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase .....	● <b>423</b>	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund .....	● <b>424</b>	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund .....	● <b>425</b>	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund .....	● <b>431</b>	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund .....	● <b>438</b>	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund .....	● <b>439</b>	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund .....	● <b>440</b>	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund .....	● <b>443</b>	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund .....	● <b>444</b>	<input type="text"/>	.00	
<b>120</b> Add code 400 through code 444. This is your total contribution .....	● <b>120</b>	<input type="text"/>	.00	

Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

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

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

**Sign Here**

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

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

# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return <b>PALAK KALRA</b>	SSN or ITIN <b>182215711</b>
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**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.**

**During 2020:**

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

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

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 97,326.	<input type="radio"/>	<input type="radio"/> 700.	<input checked="" type="radio"/> 98,026.	<input checked="" type="radio"/> 1,034.
2 Taxable interest. a <input type="radio"/> _____ . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> _____ . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> _____ . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> _____ . . . . . 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> _____ . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input type="radio"/> -4,950.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -4,950.	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input checked="" type="radio"/> 92,376.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 700.	<input checked="" type="radio"/> 93,076.	<input checked="" type="radio"/> 1,034.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input checked="" type="radio"/> 92,376.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 700.	<input checked="" type="radio"/> 93,076.	<input checked="" type="radio"/> 1,034.

**Part III Adjustments to Federal Itemized Deductions**

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

A	B	C
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>	92,376.	2		
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	6,928.	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"/>

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	930.		<input checked="" type="radio"/>	930.	
5b	State and local real estate taxes <input checked="" type="radio"/>		5b			
5c	State and local personal property taxes <input checked="" type="radio"/>		5c			
5d	Add line 5a through line 5c <input checked="" type="radio"/>	930.	5d			
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A <input checked="" type="radio"/> Enter the amount from line 5a, column B in line 5e, column B <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>		5e	930.	930.	0.
6	Other taxes. List type <input checked="" type="radio"/>		6			
7	Add line 5e and line 6 <input checked="" type="radio"/>	930.	7		930.	0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>				<input checked="" type="radio"/>
----	---	--	--	--	----------------------------------

**Other Itemized Deductions**

16	Other—from list in federal instructions <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"/>	930.	17	930.	0.

18	Total. Combine line 17 column A less column B plus column C <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  92,376.

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

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

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

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

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

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

**Part IV California Taxable Income**

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

2 Enter your deductions from line 30  2 .

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

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

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



# Health Coverage Exemptions and Individual Shared Responsibility Penalty

**2020**

**3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

SSN or ITIN

PALAK KALRA

182-21-5711

**Part I Applicable Household Members.** List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

	First Name	Initial	SSN	Date of Birth (mm/dd/yyyy)	Modified AGI
1	<input checked="" type="radio"/> PALAK	<input checked="" type="radio"/>	<input checked="" type="radio"/> 182-21-5711	<input checked="" type="radio"/> 11/13/1990	<input checked="" type="radio"/> 93,076.
	Last Name		ECN 1	ECN 2	ECN 3
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name		ECN 1	ECN 2	ECN 3

**Part II Coverage Exemption Claimed on Your Tax Return for Your Household**

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

Your Name:

Your SSN or ITIN:

**Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals.** If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

**Coverage and Exemption Codes**

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name <input type="radio"/> PALAK	<input checked="" type="radio"/> E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/> KALRA		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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4	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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7	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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8	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	First Name <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Initial <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name <input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Part IV Individual Shared Responsibility Penalty**

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27. See instructions ..... **1.** \_\_\_\_\_ 0.

Name as Shown on Return  
 PALAK KALRA

Social Security No.  
 182-21-5711

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

	<b>(B)</b> Subtractions	<b>(C)</b> Additions
1 Excess reimbursements from Form 2106 included in wage income . . . . .		
2 Active duty military pay . . . . .		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act . . . . .		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) . . . . .		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO) . . . . .		
6 Ridesharing fringe benefit differences . . . . .		
7 HSA employer contributions . . . . .		700.
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. . . . .		700.

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

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

Your first name, middle initial, and last name PALAK KALRA

Spouse's first name, middle initial, and last name \_\_\_\_\_

Your Social Security number 182-21-5711

Spouse's Social Security number \_\_\_\_\_

Home address, City, State, ZIP 3323 MCCUE RD, 541

HOUSTON TX 77056

**Part I Tax Return Information**

	B. Spouse (filing status 3)	A. You or Joint
1. Iowa Net Income (IA 1040, line 26 A & B).....	1B _____ .00	1A <u>92,376</u> .00
2. Total Tax (IA 1040, line 42 A & B).....	2B _____ .00	2A _____ .00
3. Iowa Income Tax Withheld (IA 1040, line 63 A & B).....	3B _____ .00	3A <u>7</u> .00
4. Amount to be Refunded (IA 1040, line 68).....		4. <u>7</u> .00
5. Total Amount Due (IA 1040, line 73).....		5. _____ .00

**Part II Declaration of Taxpayer** (Be sure to keep a copy of the tax return.)

6.  I do not want direct deposit or direct debit.
7.  I consent that my refund be directly deposited as designated below. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

I authorize the Iowa Department of Revenue (IDR) and its designated financial agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated below for payment of my individual Iowa taxes owed on this return, and the financial institution to debit the entry to this account on \_\_\_\_\_ (the payment/settlement date). I also authorize the financial institution 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. This authorization is to remain in full force and effect until I notify IDR to terminate the authorization. To revoke (cancel) a payment, I must contact IDR at (515) 281-3114 or idref@iowa.gov. Payment cancellation requests must be received no later than five business days prior to the payment/settlement date. Note: This electronic withdrawal from your bank account will be identified with the ACH Company ID 4426004574. If you currently have a debit block on this account, contact your financial institution to request that they allow a withdrawal from your bank account by this ACH Company ID.

Name of financial institution: WELLS FARGO

Routing Number 

1	1	1	9	0	0	6	5	9
---	---	---	---	---	---	---	---	---

 The first two digits must be 01 through 12 or 21 through 32.

Account Number 

1	7	6	5	2	7	8	3	2	8										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Type of Account: Savings  Checking

Will this refund go to (or payment come from) an account outside the United States? Yes  No

Under penalties of perjury, I declare that I have examined the information on my electronic individual income tax return, including any schedules, attachments, and statements for tax year ending December 31, 2020 and certify 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 shown on the copy of my electronic income tax return. I consent that my return, including accompanying schedules, attachments, and statements be sent to the Iowa Department of Revenue (IDR) through the Internal Revenue Service (IRS) by my Electronic Return Originator (ERO). In addition, by using software to prepare and transmit my return electronically, I consent to the disclosure to IDR of all information pertaining to the transmission of my tax return electronically. I authorize IDR to inform my ERO and/or transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize IDR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if IDR does not receive full and timely payment of my tax liability I will remain liable for the tax liability and all applicable penalties and interest. I consent that my refund be directly deposited as designated in Part II and declare that the information shown in Part II is correct. If the processing of my return, refund, or direct debit is delayed, I authorize IDR to disclose to my ERO and/or transmitter the reason(s) for the delay or the date the refund was sent. I understand that this declaration with required attachments must be forwarded upon request to IDR.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer**

I declare that I have reviewed the above taxpayer's return and that entries on form IA 8453-IND are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. I have obtained the taxpayer's signature before submitting this return to the IRS. I have provided the taxpayer with a copy of all forms and information to be filed with IDR and have followed all other requirements described in the Iowa Modernized e-File (MeF) Information for e-File Providers publication. I understand that the original form IA 8453-IND should not be sent to IDR, but must be retained by the ERO for a period of three years from the due date of the return or the filing date, whichever is later, to which the IA 8453-IND relates was filed. I will make a copy available to IDR upon request. If I am a paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules, attachments, and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I have based this declaration on all information available to me.

ERO Signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO PTIN
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>
Paid Preparer Signature <u>SYAM PRIYA RAM SAGAR GUPTA TALLAM</u>	Date <u>09/14/2021</u>	Check if self-employed <input type="checkbox"/>		Preparer PTIN <u>P02082703</u>
Firm's name (or yours if self-employed) <u>GLOBAL TAXES LLC</u>				FEIN <u>30-1017196</u>
Address, City, State, ZIP <u>2530 PEBBLE CREEK LN CUMMING GA 30041</u>				Phone Number <u>(678)965-9522</u>

# 2020 IA 1040 Iowa Individual Income Tax Return

For fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

**Step 1: Fill in all spaces. You must fill in your Social Security number (SSN).**

Your last name: KALRA Your first name/middle initial: PALAK  
 Spouse's last name: \_\_\_\_\_ Spouse's first name/middle initial: \_\_\_\_\_



Current mailing address (number and street, apartment, lot, or suite number) or PO Box:  
3323 MCCUE RD, 541

City, State, ZIP:  
HOUSTON TX 77056

Spouse SSN: \_\_\_\_\_ Your SSN: 182-21-5711

**Step 2 Filing Status: Mark one box only**

1	<input checked="" type="checkbox"/> Single: Were you claimed as a dependent on another person's Iowa return? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email Address: _____
2	<input type="checkbox"/> Married filing a joint return. (Two-income families may benefit by using status 3 or 4.)	Check this box if you or your spouse were 65 or older as of 12/31/20. <input type="checkbox"/>
3	<input type="checkbox"/> Married filing separately on this combined return. Spouse use column B.	Residence on 12/31/20: County No. <u>00</u> School District No. <u>0000</u>
4	<input type="checkbox"/> Married filing separate returns. Spouse's name: _____ ▲ SSN: _____ Net Income: \$ _____	
5	<input type="checkbox"/> Head of household with qualifying person. If qualifying person is not claimed as a dependent on this return, enter the person's name and SSN below.	
6	<input type="checkbox"/> Qualifying widow(er) with dependent child. Name: _____ SSN: _____	

**Step 3 Exemptions**

	B. Spouse (Filing Status 3 ONLY)	A. You or Joint
a. Personal Credit: Col. A: Enter 1 (enter 2 if filing status 2 or 5); Col. B: Enter 1 if filing status 3..... ▲	_____ X \$ 40 = \$ _____	▲ <u>1</u> X \$ 40 = \$ <u>40</u>
b. Enter 1 for each taxpayer who is 65 or older and/or 1 for each taxpayer who is blind..... ▲	_____ X \$ 20 = \$ _____	▲ _____ X \$ 20 = \$ _____
c. Dependents: Enter 1 for each dependent..... ▲	_____ X \$ 40 = \$ _____	▲ _____ X \$ 40 = \$ _____
d. Enter first names of dependents here _____	e. Total \$ _____	e. Total \$ <u>40</u>

**Step 4 Reportable Social Security benefits as calculated on line 13 of Iowa Social Security Worksheet**

	B. Spouse/Status 3 ▲	A. You or Joint ▲
	_____	_____

**Step 5 Gross Income**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
1. Wages, salaries, tips, etc.....1.	_____	<u>97,326.00</u>		
2. Taxable interest income. If more than \$1,500, complete Sch. B.....2.	_____	_____		
3. Ordinary dividend income. If more than \$1,500, complete Sch. B.....3.	_____	_____		
4. Taxable alimony received.....4.	_____	_____		
5. Business income/(loss). See instructions.....5.	_____	_____		
6. Capital gain/(loss). See instructions.....6.	_____	_____		
7. Other gains/(losses). See instructions.....7.	_____	_____		
8. Taxable IRA distributions.....8.	_____	_____		
9. Taxable pensions and annuities.....9.	_____	_____		
10. Rents, royalties, partnerships, estates, etc. See instructions.....10.	_____	<u>-4,950.00</u>		
11. Farm income/(loss). See instructions.....11.	_____	_____		
12. Unemployment compensation. See instructions.....12.	_____	_____		
13. Gambling winnings.....13.	_____	_____		
14. Other income, bonus depreciation, and section 179 adjustment.....14.	_____	<u>0.00</u>		
15. Gross Income. Add lines 1-14.....15.	_____	_____	_____	<u>92,376.00</u>

**NOTE:** Use only blue or black ink, no pencils or red ink.

**Step 6 Adjustments to Income**

16. Payments to an IRA, Keogh, or SEP.....16.	_____	_____	_____	_____
17. Deductible part of self-employment tax.....17.	_____	_____	_____	_____
18. Health insurance premium.....18.	_____	<u>0.00</u>	_____	_____
19. Penalty on early withdrawal of savings.....19.	_____	_____	_____	_____
20. Alimony paid.....20.	_____	_____	_____	_____
21. Pension/retirement income exclusion.....21.	_____ ▲	_____	_____	_____
22. Moving expense deduction from federal form 3903.....22.	_____	_____	_____	_____
23. Iowa capital gain deduction; Include corresponding IA 100 schedule.....23.	_____ ▲	_____	_____	_____
24. Other adjustments.....24.	_____	_____	_____	_____
25. Total adjustments. Add lines 16-24.....25.	_____	_____	_____	<u>0.00</u>
26. Net Income. Subtract line 25 from line 15..... <u>LOW INCOME EXEMPT</u> .....26.	_____	_____	_____	<u>92,376.00</u>

**Step 7 Federal Taxes and Qualified Deductions**

27. Federal income tax refund/overpayment received in 2020.....27.	_____	▲ _____	_____	_____
28. Self-employment/household employment/other federal taxes.....28.	_____	▲ _____	_____	_____
29. Addition for federal taxes. Add lines 27 and 28.....29.	_____	_____	_____	_____
30. Total. Add lines 26 and 29.....30.	_____	_____	_____	_____
31. Federal tax withheld in 2020, federal estimated tax payments made in 2020, and federal taxes paid in 2020 for 2019 and prior years.....31.	_____	▲ _____	_____	_____
32. Qualified business income deduction. 25.0% (.25) of federal amount. See instructions.....32.	_____	▲ _____	_____	_____
33. DPAD 199A(g) deduction. 25.0% (.25) of federal amount.....33.	_____	▲ _____	_____	_____
34. Total federal tax and other qualified deductions. Add lines 31, 32, and 33.....34.	_____	_____	_____	_____
35. Balance. Subtract line 34 from line 30. Enter here and on line 36, page 2.....35.	_____	_____	_____	_____



**2020 IA 1040, page 2**

	B. Spouse/Status 3	A. You or Joint	B. Spouse/Status 3	A. You or Joint
<b>Step 8 Taxable Income</b>				
36. BALANCE. From side 1, line 35		36.	.00	.00
37. Deduction. Check one box <input checked="" type="checkbox"/> Itemized.(Include IA Schedule A) <input type="checkbox"/> Standard <input type="checkbox"/>		37.	.00	.00
38. TAXABLE INCOME. SUBTRACT line 37 from line 36		38.	.00	.00
<b>Step 9 Tax, Credits, and Check-off Contributions</b>				
39. Tax from tables or alternate tax	.00	39.	.00	.00
40. Iowa lump-sum tax. See instructions	.00	40.	.00	.00
41. Iowa alternative minimum tax. Include IA 6251	.00	41.	.00	.00
42. Total tax. ADD lines 39, 40, and 41		42.	.00	.00
43. Total exemption credit amount(s) from Step 3, side 1	.00	43.	.00	.00
44. Tuition and textbook credit for dependents K-12	.00	44.	.00	.00
45. Volunteer firefighter/EMS/reserve peace officer credit	.00	45.	.00	.00
46. Total credits. ADD lines 43, 44, and 45	.00	46.	.00	.00
47. BALANCE. SUBTRACT line 46 from line 42. If less than zero, enter zero	.00	47.	.00	.00
48. Credit for nonresident or part-year resident. Must include IA 126 and federal return	.00	48.	.00	.00
49. BALANCE. SUBTRACT line 48 from line 47. If less than zero, enter zero	.00	49.	.00	.00
50. Out-of-state tax credit. Must include IA 130	.00	50.	.00	.00
51. BALANCE. SUBTRACT line 50 from line 49. If less than zero, enter zero	.00	51.	.00	.00
52. Other nonrefundable Iowa credits. Must include IA 148 Tax Credits Schedule	.00	52.	.00	.00
53. BALANCE. SUBTRACT line 52 from line 51. If less than zero, enter zero	.00	53.	.00	0.00
54. School district surtax or EMS surtax. Take percentage from table; multiply by line 53	.00	54.	.00	0.00
55. Total state and local tax. ADD lines 53 and 54	.00	55.	.00	0.00
56. TOTAL state and local tax before contributions. Combine columns A and B on line 55 and enter here		56.		0.00
57. Contributions will reduce your refund or add to the amount you owe. Amounts must be in whole dollars.		57.		
Fish/Wildlife 57a: <input checked="" type="checkbox"/> State Fair 57b: <input checked="" type="checkbox"/> Firefighters/Veterans 57c: <input checked="" type="checkbox"/> Child Abuse Prevention 57d: <input checked="" type="checkbox"/> Enter here		57.		.00
58. TOTAL STATE AND LOCAL TAX, AND CONTRIBUTIONS. Add line 56 and line 57 and enter here		58.		0.00
<b>Step 10 Credits</b>				
59. Iowa fuel tax credit. Include IA 4136	.00	59.	.00	.00
60. Check One: Child and dependent care credit <input type="checkbox"/> OR <input checked="" type="checkbox"/> Early childhood development credit		60.		.00
61. Iowa earned income tax credit. 15.0% (.15) of federal credit	.00	61.	.00	0.00
62. Other refundable credits. Include IA 148 Tax Credits Schedule	.00	62.	.00	.00
63. Iowa income tax withheld	.00	63.	.00	7.00
64. Estimated and voucher payments made for tax year 2020	.00	64.	.00	.00
65. TOTAL. ADD lines 59 through 64 and enter here	.00	65.	.00	7.00
66. TOTAL CREDITS. ADD columns A and B on line 65 and enter here		66.		7.00
<b>Step 11 Refund</b>				
67. If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you overpaid		67.		7.00
68. Amount of line 67 to be REFUNDED		68.		7.00
68a. Routing number: 1 1 1 9 0 0 6 5 9		68b. Type	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
68c. Account number: 1 7 6 5 2 7 8 3 2 8				
69. Amount of line 67 to be applied to your 2021 estimated tax	.00	69.	.00	.00
<b>Step 12 Pay</b>				
70. If line 66 is less than line 58, subtract line 66 from line 58. This is the AMOUNT OF TAX YOU OWE		70.		.00
71. Penalty for underpayment of estimated tax from IA 2210, IA 2210S, or IA 2210F. Check if annualized income method is used		71.		.00
72. Penalty and interest <input checked="" type="checkbox"/> 72a. Penalty .00 <input checked="" type="checkbox"/> 72b. Interest .00 ADD. Enter total		72.		.00
73. TOTAL AMOUNT DUE. ADD lines 70, 71, and 72. Enter here		73.		.00

**Step 13** I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this return, and, to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>	<input checked="" type="checkbox"/>				
Your signature	Date	Check if deceased	Date of death	SYAM PRIYA RAM SAGAR GUPTA TALLAM 09/14/2021	Preparer's signature Date
<b>SIGN HERE</b>	<input checked="" type="checkbox"/>				
Spouse's signature	Date	Check if deceased	Date of death	P02082703 30-1017196	Preparer's PTIN Firm's FEIN
		(979) 985-9255		(678) 965-9522	Daytime telephone number Daytime telephone number

**This return is due April 30, 2021. Sign, enclose W-2s, and verify SSNs.**  
**MAILING ADDRESS: Iowa Income Tax Document Processing,**  
**PO BOX 9187, Des Moines IA 50306-9187**  
**Make check payable to Iowa Department of Revenue**



Name(s): PALAK KALRA Social Security number: 182-21-5711

**Mark the appropriate box for you and your spouse**

A nonresident of Iowa for all of 2020

B. Spouse A. You or Joint

▲  ▲

A part-year resident of Iowa during 2020

▲  ▲

Date moved into Iowa: \_\_\_\_\_

Date moved out of Iowa: \_\_\_\_\_

A full-year resident of Iowa during 2020

**Iowa-Source Income**

B. Spouse A. You or Joint

1. Wages, salaries, tips, etc. ....	1. _____	.00	_____	114.00
2. Taxable interest income .....	2. _____	.00	_____	.00
3. Ordinary dividend income.....	3. _____	.00	_____	.00
4. Taxable alimony received.....	4. _____	.00	_____	.00
5. Business income or (loss) .....	5. _____	.00	_____	.00
6. Capital gain or (loss) .....	6. _____	.00	_____	.00
7. Other gains or (losses) .....	7. _____	.00	_____	.00
8. Taxable IRA distributions .....	8. _____	.00	_____	.00
9. Taxable pensions and annuities.....	9. _____	.00	_____	.00
10. Rents, royalties, partnerships, estates, etc.....	10. _____	.00	_____	0.00
11. Farm income or (loss) .....	11. _____	.00	_____	.00
12. Unemployment compensation.....	12. _____	.00	_____	.00
13. Gambling winnings.....	13. _____	.00	_____	.00
14. Other income, bonus depreciation, and section 179 adjustment.....	14. _____	.00	_____	.00
15. Iowa gross income. Add lines 1-14 .....	15. _____	.00	▲ _____	114.00
16. Payments to an IRA, Keogh, or SEP.....	16. _____	.00	_____	.00
17. Deductible part of self-employment tax .....	17. _____	.00	_____	.00
18. Health insurance premium .....	18. _____	.00	_____	.00
19. Penalty on early withdrawal of savings .....	19. _____	.00	_____	.00
20. Alimony paid .....	20. _____	.00	_____	.00
21. Pension/retirement income exclusion.....	21. _____	.00	_____	.00
22. Moving expense deduction <b>into</b> Iowa only .....	22. _____	.00	_____	.00
23. Iowa capital gain deduction .....	23. _____	.00	_____	.00
24. Other adjustments.....	24. _____	.00	_____	.00
25. Total adjustments. Add lines 16-24 .....	25. _____	.00	▲ _____	.00
26. Iowa net income. Subtract line 25 from line 15 .....	26. _____	.00	_____	114.00
27. All-source net income from IA 1040, line 26.....	27. _____	.00	_____	92,376.00

28. Iowa income percentage: Divide line 26 by line 27 and enter percentage rounded to nearest tenth of a percent. This can be no more than 100.0% and no less than 0.0% .....

28. \_\_\_\_\_ % \_\_\_\_\_ 0.1 %

29. Nonresident/part-year resident credit percentage:

Subtract the percentage on line 28 from 100.0% .....

29. \_\_\_\_\_ % \_\_\_\_\_ 100.0 %

30. Iowa tax on total income from IA 1040, line 39 .....

30. \_\_\_\_\_ .00 \_\_\_\_\_ .00

31. Total credits from IA 1040, line 46.....

31. \_\_\_\_\_ .00 \_\_\_\_\_ .00

32. Tax after credits. Subtract line 31 from line 30.....

32. \_\_\_\_\_ .00 \_\_\_\_\_ 0.00

33. Nonresident/part-year resident credit. Multiply line 32 by the percentage on line 29. Enter this amount on IA 1040, line 48.....

33. \_\_\_\_\_ .00 \_\_\_\_\_ 0.00

