

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: MUKESH VISHWANATH
Last name: VERMA
Your social security number: 140-21-8727
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street): 3358 MARINA COVE CIRCLE
Apt. no.:
City, town, or post office: ELK GROVE
State: CA
ZIP code: 95758
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign: [] You [] Spouse

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) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for, and final taxable income calculation. Total taxable income: 48,089.

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

| | | | |
|-----------|--|------------|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 6,367. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 6,367. |
| 19 | Child tax credit or credit for other dependents | 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, enter -0- | 22 | 6,367. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 10 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 6,367. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 5,850. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 5,850. |
| 26 | 2020 estimated tax payments and amount applied from 2019 return | 26 | |
| 27 | Earned income credit (EIC) NO | 27 | |
| 28 | Additional child tax credit. Attach Schedule 8812 | 28 | |
| 29 | American opportunity credit from Form 8863, line 8 | 29 | |
| 30 | Recovery rebate credit. See instructions | 30 | |
| 31 | Amount from Schedule 3, line 13 | 31 | |
| 32 | Add lines 27 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | 5,850. |

Refund

Direct deposit? See instructions.

| | | | | | | | | | | | | | | | | | | | | | | | |
|------------|--|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--|
| 34 | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | | | | | | | | | | | | | | | | | | | | | |
| 35a | Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | | | | | | | | | | | | | | | | | | | | | |
| b | Routing number <table border="1"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td> </tr> </table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | |
| X | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | | | |
| d | Account number <table border="1"> <tr> <td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td> </tr> </table> | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | |
| X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | | | |
| 36 | Amount of line 34 you want applied to your 2021 estimated tax | 36 | | | | | | | | | | | | | | | | | | | | | |

Amount You Owe

For details on how to pay, see instructions.

| | | | |
|-----------|--|-----------|------|
| 37 | Subtract line 33 from line 24. This is the amount you owe now | 37 | 517. |
| 38 | Estimated tax penalty (see instructions) | 38 | |

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 | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | CA GOVERNMENT EMPLOYEE | |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | | |

Joint return? See instructions. Keep a copy for your records.

Phone no. (626) 267-1172 Email address MUKESH.V.VERMA@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|-----------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 06/24/2021 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | | Phone no. |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | | (678) 965-9522 |
| Firm's EIN | | | | 30-1017196 |

**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 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
MUKESH VISHWANATH VERMA

Your social security number
140-21-8727

Part I Additional Income

| | | | |
|-----------|---|-----------|----------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | -10,667. |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income. List type and amount ▶ _____ | 8 | |
| 9 | Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 9 | -10,667. |

Part II Adjustments to Income

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

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 for instructions and the latest information.**

Name(s) shown on return

Your social security number

MUKESH VISHWANATH VERMA

140-21-8727

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**

| | | | | | |
|-----------|---|--|-------------------------|--------------------------|--------------------------|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | 3358 MARINA COVE CIRCLE ELK GROVE CA 957584676 | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | 2 | | 118 | 0 | <input type="checkbox"/> |
| B | | | | | <input type="checkbox"/> |
| C | | | | | <input type="checkbox"/> |

Type of Property:

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

| Income: | | Properties: | | A | B | C |
|------------------|---|--------------------|---|-----------|----------|----------|
| 3 | Rents received | 3 | | | | |
| 4 | Royalties received | 4 | | | | |
| Expenses: | | | | | | |
| 5 | Advertising | 5 | | | | |
| 6 | Auto and travel (see instructions) | 6 | | | | |
| 7 | Cleaning and maintenance | 7 | | | | |
| 8 | Commissions. | 8 | | | | |
| 9 | Insurance | 9 | | 1,814. | | |
| 10 | Legal and other professional fees | 10 | | | | |
| 11 | Management fees | 11 | | | | |
| 12 | Mortgage interest paid to banks, etc. (see instructions) | 12 | | 4,080. | | |
| 13 | Other interest. | 13 | | | | |
| 14 | Repairs. | 14 | | | | |
| 15 | Supplies | 15 | | | | |
| 16 | Taxes | 16 | | 4,773. | | |
| 17 | Utilities. | 17 | | | | |
| 18 | Depreciation expense or depletion | 18 | | | | |
| 19 | Other (list) ▶ | 19 | | | | |
| 20 | Total expenses. Add lines 5 through 19 | 20 | | 10,667. | | |
| 21 | 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 Form 6198 | 21 | | -10,667. | | |
| 22 | Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | (| -10,667.) | (|) |
| 23a | Total of all amounts reported on line 3 for all rental properties | 23a | | | | |
| b | Total of all amounts reported on line 4 for all royalty properties | 23b | | | | |
| c | Total of all amounts reported on line 12 for all properties | 23c | | 4,080. | | |
| d | Total of all amounts reported on line 18 for all properties | 23d | | | | |
| e | Total of all amounts reported on line 20 for all properties | 23e | | 10,667. | | |
| 24 | Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | | |
| 25 | Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | (| 10,667.) | | |
| 26 | Total rental real estate and royalty income or (loss). 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 | 26 | | -10,667. | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC)) and Credit for Other Dependents (ODC), and Head of Household (HOH) Filing Status

2020

Department of the Treasury
Internal Revenue Service

▶ **To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**
▶ **Go to www.irs.gov/Form8867 for instructions and the latest information.**

Attachment Sequence No. **70**

| | |
|--|--|
| Taxpayer name(s) shown on return MUKESH VISHWANATH VERMA | Taxpayer identification number 140-21-8727 |
|--|--|

| | |
|--|--------------------------|
| Enter preparer's name and PTIN SYAM PRIYA RAM SAGAR GUPTA TALLAM | PTIN P02082703 |
|--|--------------------------|

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply). EIC CTC/ACTC/ODC AOTC HOH

| | Yes | No | N/A |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| a Did you make reasonable inquiries to determine the correct, complete, and consistent information? | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a Did you complete the required recertification Form 8862? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.) | <input type="checkbox"/> | <input type="checkbox"/> | |
| b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

| | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

| | Yes | No |
|--|--------------------------|--------------------------|
| 13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? | <input type="checkbox"/> | <input type="checkbox"/> |

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

| | Yes | No |
|--|-------------------------------------|--------------------------|
| 14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part VI Eligibility Certification

- ▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**
 - A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
 - B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
 - C. Submit Form 8867 in the manner required; **and**
 - D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 1. A copy of this Form 8867.
 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

| | | |
|---|-------------------------------------|--------------------------|
| 15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN (Your SSN or ITIN, Spouse's/RDP's SSN or ITIN). Values: MUKESH VISHWANATH VERMA, 140-21-8727.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Line 1: California Adjusted Gross Income (AGI) 60,789. Line 2: Amount You Owe 352. Line 3: Refund or No Amount Due.

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

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

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 1 8 7 2 7 as my signature on my 2020 e-filed California individual income tax return.

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

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

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

[] I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 6 1 9 8 9 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 06/24/2021

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

140-21-8727 VERM
MUKESHVISHW VERMA

20

3358 MARINA COVE CIRCLE
ELK GROVE CA 95758

07-30-1982

Principal Residence

Enter your county at time of filing (see instructions)

SACRAMENTO

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

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

See instructions.

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

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

Exemptions

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

Whole dollars only

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

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

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

Your name: Your SSN or ITIN:

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

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

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

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

| | | | | |
|-----------|---|------|------------------------------------|---------------------------------|
| 12 | State wages from your federal Form(s) W-2, box 16 | ● 12 | <input type="text" value="71456"/> | <input type="text" value="00"/> |
| 13 | Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 | ● 13 | <input type="text" value="60489"/> | <input type="text" value="00"/> |
| 14 | California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. | ● 14 | <input type="text"/> | <input type="text" value="00"/> |
| 15 | Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions | 15 | <input type="text" value="60489"/> | <input type="text" value="00"/> |
| 16 | California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. | ● 16 | <input type="text" value="300"/> | <input type="text" value="00"/> |
| 17 | California adjusted gross income. Combine line 15 and line 16 | ● 17 | <input type="text" value="60789"/> | <input type="text" value="00"/> |
| 18 | Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions | ● 18 | <input type="text" value="5073"/> | <input type="text" value="00"/> |
| 19 | Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- | ● 19 | <input type="text" value="55716"/> | <input type="text" value="00"/> |

| | | | | |
|-----------|--|------|-----------------------------------|---------------------------------|
| 31 | Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule | | | |
| | ● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 | ● 31 | <input type="text" value="2347"/> | <input type="text" value="00"/> |
| 32 | Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. | ● 32 | <input type="text" value="124"/> | <input type="text" value="00"/> |
| 33 | Subtract line 32 from line 31. If less than zero, enter -0- | ● 33 | <input type="text" value="2223"/> | <input type="text" value="00"/> |
| 34 | Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A | ● 34 | <input type="text"/> | <input type="text" value="00"/> |
| 35 | Add line 33 and line 34 | ● 35 | <input type="text" value="2223"/> | <input type="text" value="00"/> |

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

Your name: VERMA

Your SSN or ITIN: 140-21-8727

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 .00

Payments

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

Use Tax

- 91 Use Tax. Do not leave blank. See instructions. ● 91 .00
- If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00
- Full-year health care coverage.

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 .00

Your name: Your SSN or ITIN:

| | |
|-----------------------------|---|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text"/> .00 |
| | 98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98 <input type="text"/> .00 |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text"/> .00 |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text" value="352"/> .00 |

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

Your name: VERMA Your SSN or ITIN: 140-21-8727

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 111 352 .00 Pay Online - Go to ftb.ca.gov/pay for more information.

112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00
114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 352 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 115 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number Type Checking Savings Account number 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Type Checking Savings Account number 117 Direct deposit amount .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

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

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

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

Your email address. Enter only one email address. Preferred phone number 6262671172

Sign Here

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

Joint tax return? (See instructions)

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) SYAM PRIYA RAM SAGAR GUPTA TALLAM

Firm's name (or yours, if self-employed) GLOBAL TAXES LLC PTIN P02082703

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

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

Print Third Party Designee's Name Telephone Number

2020 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return: **MUKESH VISHWANATH VERMA** SSN or ITIN: **140218727**

| Part I Income Adjustment Schedule | | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions | C Additions See instructions |
|---|--|---|---|--|
| Section A – Income from federal Form 1040 or 1040-SR | | | | |
| 1 | Wages, salaries, tips, etc. See instructions before making an entry in column B or C | <input checked="" type="radio"/> 71,456. | <input type="radio"/> | <input type="radio"/> |
| 2 | Taxable interest. a <input checked="" type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3 | Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4 | IRA distributions. See instructions. a <input checked="" type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5 | Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6 | Social security benefits. a <input checked="" type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7 | Capital gain or (loss). See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--------------------------------|----------------|--------------------------------|----------------|--------------------------------|--------------------------------|--------------------------------|----------------|--------------------------------|----------------|--------------------------------|--------------------------------|--------------------------------|----------------|
| Section B – Additional Income from federal Schedule 1 (Form 1040) | | | | | | | | | | | | | | | | | | |
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 2a | Alimony received. See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 3 | Business income or (loss). See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 4 | Other gains or (losses) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc | <input checked="" type="radio"/> -10,667. | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 6 | Farm income or (loss) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 7 | Unemployment compensation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |
| 8 | Other income. <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%; vertical-align: top;"> a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (federal Schedule 1 (Form 1040), line 8) d NOL deduction from FTB 3805V </td> <td style="width: 50%; vertical-align: top;"> e NOL from FTB 3805Z, 3807, or 3809 f Other (describe): <input type="radio"/> _____ g Student loan discharged due to closure of a for-profit school </td> </tr> </table> | a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (federal Schedule 1 (Form 1040), line 8) d NOL deduction from FTB 3805V | e NOL from FTB 3805Z, 3807, or 3809 f Other (describe): <input type="radio"/> _____ g Student loan discharged due to closure of a for-profit school | <table border="0" style="width: 100%; margin-top: 5px;"> <tr><td>a <input type="radio"/></td><td>a _____</td></tr> <tr><td>b <input type="radio"/></td><td>b _____</td></tr> <tr><td>c <input type="radio"/></td><td>c <input type="radio"/></td></tr> <tr><td>d <input type="radio"/></td><td>d _____</td></tr> <tr><td>e <input type="radio"/></td><td>e _____</td></tr> <tr><td>f <input type="radio"/></td><td>f <input type="radio"/></td></tr> <tr><td>g <input type="radio"/></td><td>g _____</td></tr> </table> | a <input type="radio"/> | a _____ | b <input type="radio"/> | b _____ | c <input type="radio"/> | c <input type="radio"/> | d <input type="radio"/> | d _____ | e <input type="radio"/> | e _____ | f <input type="radio"/> | f <input type="radio"/> | g <input type="radio"/> | g _____ |
| a California lottery winnings b Disaster loss deduction from FTB 3805V c Federal NOL (federal Schedule 1 (Form 1040), line 8) d NOL deduction from FTB 3805V | e NOL from FTB 3805Z, 3807, or 3809 f Other (describe): <input type="radio"/> _____ g Student loan discharged due to closure of a for-profit school | | | | | | | | | | | | | | | | | |
| a <input type="radio"/> | a _____ | | | | | | | | | | | | | | | | | |
| b <input type="radio"/> | b _____ | | | | | | | | | | | | | | | | | |
| c <input type="radio"/> | c <input type="radio"/> | | | | | | | | | | | | | | | | | |
| d <input type="radio"/> | d _____ | | | | | | | | | | | | | | | | | |
| e <input type="radio"/> | e _____ | | | | | | | | | | | | | | | | | |
| f <input type="radio"/> | f <input type="radio"/> | | | | | | | | | | | | | | | | | |
| g <input type="radio"/> | g _____ | | | | | | | | | | | | | | | | | |
| 9 | Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. | <input checked="" type="radio"/> 60,789. | <input type="radio"/> | <input type="radio"/> | | | | | | | | | | | | | | |

| | | | | |
|--|--|--|--|-----------------------|
| Section C – Adjustments to Income from federal Schedule 1 (Form 1040) | | | | |
| 10 | Educator expenses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | Certain business expenses of reservists, performing artists, and fee-basis government officials | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | Health savings account deduction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | Moving expenses. Attach federal Form 3903. See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | Deductible part of self-employment tax. See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | Self-employed SEP, SIMPLE, and qualified plans | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | Self-employed health insurance deduction. See instructions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | Penalty on early withdrawal of savings | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18a | Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | IRA deduction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | Student loan interest deduction | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21 | Tuition and fees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22 | Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions | <input checked="" type="radio"/> 300. | <input checked="" type="radio"/> 300. | <input type="radio"/> |
| 23 | Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions | <input checked="" type="radio"/> 60,489. | <input checked="" type="radio"/> -300. | <input type="radio"/> |

Part II Adjustments to Federal Itemized Deductions

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

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

Medical and Dental Expenses See instructions.

| | | | | | |
|---|---|---------|---|----------------------------------|--|
| 1 | Medical and dental expenses <input checked="" type="radio"/> | | | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> | 60,489. | 2 | | |
| 3 | Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> | 4,537. | 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"/> | 2,658. | 5a | <input checked="" type="radio"/> | 2,658. | |
| 5b | State and local real estate taxes <input checked="" type="radio"/> | 4,773. | 5b | <input checked="" type="radio"/> | | |
| 5c | State and local personal property taxes <input checked="" type="radio"/> | | 5c | <input checked="" type="radio"/> | | |
| 5d | Add line 5a through line 5c. <input checked="" type="radio"/> | 7,431. | 5d | <input checked="" type="radio"/> | | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C. <input checked="" type="radio"/> | 7,431. | 5e | <input checked="" type="radio"/> | 2,658. | <input checked="" type="radio"/> 0. |
| 6 | Other taxes. List type <input checked="" type="radio"/> | | 6 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 7 | Add line 5e and line 6. <input checked="" type="radio"/> | 7,431. | 7 | <input checked="" type="radio"/> | 2,658. | <input checked="" type="radio"/> 0. |

Interest You Paid

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

Gifts to Charity

| | | | | | | |
|----|---|------|----|----------------------------------|--|----------------------------------|
| 11 | Gifts by cash or check <input checked="" type="radio"/> | 300. | 11 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 12 | Other than by cash or check. <input checked="" type="radio"/> | | 12 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 13 | Carryover from prior year. <input checked="" type="radio"/> | | 13 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 14 | Add line 11 through line 13. <input checked="" type="radio"/> | 300. | 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |

Casualty and Theft Losses

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

Other Itemized Deductions

| | | | | | | |
|----|--|--------|----|----------------------------------|--------|-------------------------------------|
| 16 | Other—from list in federal instructions <input checked="" type="radio"/> | | 16 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. <input checked="" type="radio"/> | 7,731. | 17 | <input checked="" type="radio"/> | 2,658. | <input checked="" type="radio"/> 0. |
| 18 | Total. Combine line 17 column A less column B plus column C. <input checked="" type="radio"/> | | 18 | <input checked="" type="radio"/> | | 5,073. |

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 60,489.

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

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

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

27 Other adjustments. See instructions. Specify. _____ **27**

28 Combine line 26 and line 27. **28**

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

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

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

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

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

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

▶ Go to www.irs.gov/ScheduleA for instructions and the latest information.

▶ Attach to Form 1040 or 1040-SR.

2020
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040 or 1040-SR

Your social security number

MUKESH VISHWANATH VERMA

140-21-8727

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

| | | | |
|----------|---|---------|----------|
| 1 | Medical and dental expenses (see instructions) | | 1 |
| 2 | Enter amount from Form 1040 or 1040-SR, line 11 | 60,489. | |
| 3 | Multiply line 2 by 7.5% (0.075) | 4,537. | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | | 0. |

Taxes You Paid

| | | | |
|-----------|--|--------|--------|
| 5 | State and local taxes. | | |
| 5a | State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/> | 2,658. | |
| 5b | State and local real estate taxes (see instructions) | 4,773. | |
| 5c | State and local personal property taxes | | |
| 5d | Add lines 5a through 5c | 7,431. | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 7,431. | |
| 6 | Other taxes. List type and amount | | |
| 7 | Add lines 5e and 6 | | 7,431. |

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

| | | | |
|-----------|---|--|--|
| 8 | Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/> | | |
| 8a | Home mortgage interest and points reported to you on Form 1098. See instructions if limited | | |
| 8b | Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address | | |
| 8c | Points not reported to you on Form 1098. See instructions for special rules | | |
| 8d | Mortgage insurance premiums (see instructions) | | |
| 8e | Add lines 8a through 8d | | |
| 9 | Investment interest. Attach Form 4952 if required. See instructions. | | |
| 10 | Add lines 8e and 9 | | |

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

| | | | |
|-----------|---|------|------|
| 11 | Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 300. | |
| 12 | Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. | | |
| 13 | Carryover from prior year | | |
| 14 | Add lines 11 through 13 | | 300. |

Casualty and Theft Losses

| | | | |
|-----------|--|--|--|
| 15 | Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | | |
|-----------|--|--|--|

Other Itemized Deductions

| | | | |
|-----------|---|--|--|
| 16 | Other—from list in instructions. List type and amount | | |
|-----------|---|--|--|

Total Itemized Deductions

| | | | |
|-----------|--|--|--------|
| 17 | Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | | 7,731. |
| 18 | If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/> | | |