



Illinois Department of Revenue
2021 Form IL-1040
 Individual Income Tax Return

or for fiscal year ending ___/___/___

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

1995

162-96-2191

DIPTI ARUN

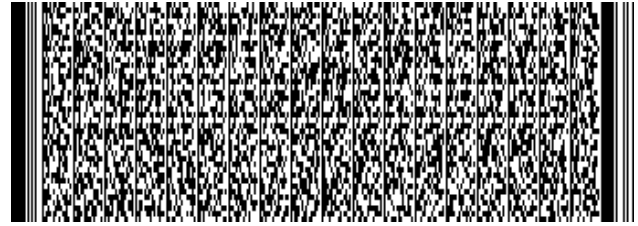
KATE

9865 ERMA ROAD

356

SAN DIEGO

CA 92131



DIPTIKATE3033@GMAIL.COM

- B** Filing status: Single Married filing jointly Married filing separately Widowed Head of household
C Check if someone can claim you, or your spouse if filing jointly, as a dependent. See instructions. You Spouse
D Check the box if this applies to you during 2021: Nonresident - **Attach** Sch. NR Part-year resident - **Attach** Sch. NR

Step 2: Income

	(Whole dollars only)
1 Federal adjusted gross income from your federal Form 1040 or 1040-SR, Line 11.	1 41,243.00
2 Federally tax-exempt interest and dividend income from your federal Form 1040 or 1040-SR, Line 2a.	2 .00
3 Other additions. Attach Schedule M.	3 .00
4 Total income. Add Lines 1 through 3.	4 41,243.00

Step 3: Base Income

5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5 .00
6 Illinois Income Tax overpayment included in federal Form 1040 or 1040-SR, Schedule 1, Ln. 1.	6 .00
7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7 .00
8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8 .00
9 Illinois base income. Subtract Line 8 from Line 4.	9 41,243.00

Step 4: Exemptions

10 a Enter the exemption amount for yourself and your spouse. See instructions.	a 2,375.00
b Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	b .00
c Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse # of checkboxes X \$1,000 =	c .00
d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2, Line 1. Attach Schedule IL-E/EIC.	d 0.00
Exemption allowance. Add Lines 10a through 10d.	10 2,375.00

Step 5: Net Income and Tax

11 Residents: Net income. Subtract Line 10 from Line 9. Nonresidents and part-year residents: Enter the Illinois net income from Schedule NR. Attach Schedule NR.	11 44.00
12 Residents: Multiply Line 11 by 4.95% (.0495). Cannot be less than zero. Nonresidents and part-year residents: Enter the tax from Schedule NR.	12 2.00
13 Recapture of investment tax credits. Attach Schedule 4255.	13 .00
14 Income tax. Add Lines 12 and 13. Cannot be less than zero.	14 2.00

Step 6: Tax After Nonrefundable Credits

15 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	15 .00
16 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	16 .00
17 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	17 .00
18 Add Lines 15, 16, and 17. This is the total of your credits. Cannot exceed the tax amount on Line 14.	18 0.00
19 Tax after nonrefundable credits. Subtract Line 18 from Line 14.	19 2.00

Step 7: Other Taxes

20 Household employment tax. See instructions.	20 .00
21 Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table in the instructions. Do not leave blank.	21 0.00
22 Compassionate Use of Medical Cannabis Program Act and sale of assets by gaming licensee surcharges.	22 .00
23 Total Tax. Add Lines 19, 20, 21, and 22.	23 2.00

Staple W-2 and 1099 forms here

Staple your check and IL-1040-V

NO HANDWRITTEN ENTRIES ON THIS FORM

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.





Step 3: Continued

		Column A Federal Total	Column B Illinois Portion	
Adjustments to Income	21 Enter the Illinois portion of your federal total income from Page 1, Step 3, Line 20.	21	46.00	
	22 Educator expenses (federal Form 1040 or 1040-SR, Schedule 1, Line 11)	22	.00	
	23 Certain business expenses of reservists, performing artists, and fee-basis government officials (federal Form 1040 or 1040-SR, Schedule 1, Line 12)	23	.00	
	24 Health savings account deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 13)	24	0.00	
	25 Moving expenses for members of the Armed Forces (federal Form 1040 or 1040-SR, Schedule 1, Line 14)	25	.00	
	26 Deductible part of self-employment tax (federal Form 1040 or 1040-SR, Schedule 1, Line 15)	26	.00	
	27 Self-employed SEP, SIMPLE, and qualified plans (federal Form 1040 or 1040-SR, Schedule 1, Line 16)	27	.00	
	28 Self-employed health insurance deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 17)	28	.00	
	29 Penalty on early withdrawal of savings (federal Form 1040 or 1040-SR, Schedule 1, Line 18)	29	.00	
	30 Alimony paid (federal Form 1040 or 1040-SR, Schedule 1, Line 19a)	30	.00	
	31 IRA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 20)	31	.00	
	32 Student loan interest deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 21)	32	.00	
	33 RESERVED	33		
	34 Archer MSA deduction (federal Form 1040 or 1040-SR, Schedule 1, Line 23)	34	.00	
	35 Other adjustments (see instructions)	35	.00	
	36 Add Column B, Lines 22 through 35. This is the Illinois portion of your federal adjustments to income.	36		0.00
	37 Enter your adjusted gross income as reported on your Form IL-1040, Line 1.	37	41,243.00	
	38 Subtract Line 36 from Line 21. This is the Illinois portion of your federal adjusted gross income.	38		46.00

Step 4: Figure your Illinois additions and subtractions

In Column A, enter the total amounts from your Form IL-1040. You must read the instructions for Column B to properly complete this step.

		Column A Form IL-1040 Total	Column B Illinois Portion	
Illinois Adjustments	39 Federally tax-exempt interest and dividend income (Form IL-1040, Line 2)	39	.00	
	40 Other additions (Form IL-1040, Line 3)	40	.00	
	41 Add Column B, Lines 38, 39, and 40. This is the Illinois portion of your total income.	41		46.00
	42 Federally taxed Social Security and retirement income (Form IL-1040, Line 5)	42	.00	.00
	43 Illinois Income Tax overpayment included on your fed. Form 1040 or 1040-SR, Schedule 1, Line 1. (Form IL-1040, Line 6)	43	.00	.00
	44 Other subtractions (Form IL-1040, Line 7)	44	.00	.00
	45 Add Column B, Lines 42 through 44. This is the total of your Illinois subtractions.	45		.00

Step 5: Figure your Illinois income and tax

Tax Calculations	46 Subtract Line 45 from Line 41. If Line 45 is larger than Line 41, enter zero. This is your Illinois base income.	46	46.00	
	47 Enter the base income from Form IL-1040, Line 9.	47	41,243.00	
	48 Divide Line 46 by Line 47 (round to three decimal places). Enter the appropriate decimal. If Line 46 is greater than Line 47, enter 1.000.	48	0.001	
	49 Enter your exemption allowance from your Form IL-1040, Line 10.	49	2,375.00	
	50 Multiply Line 49 by the decimal on Line 48. This is your Illinois exemption allowance.	50		2.00
	51 Subtract Line 50 from Line 46. This is your Illinois net income . Enter the amount here and on your Form IL-1040, Line 11. →	51		44.00
	52 Multiply the amount on Line 51 by 4.95% (.0495). This amount may not be less than zero. Enter the amount here and on your Form IL-1040, Line 12. This is your tax . →	52		2.00



Illinois Department of Revenue

2021 Schedule IL-WIT Illinois Income Tax Withheld

Attach to your Form IL-1040. If you have more than five withholding forms, complete multiple copies of this schedule. **IL Attachment No. 31**

Use the reference for Column A shown in the chart below.

Form Type	Letter Code for Column A	Form Type	Letter Code for Column A
W-2	W	1099-DIV	D
W-2G	WG	1099-INT	I
1099-R	R	1042-S	S
1099-G	G	1099-B	B
1099-MISC	M	1099-K	K
1099-OID	O	1099-NEC	N

Step 1: Provide your withholding records (include all W-2 and 1099 forms that show Illinois withholding)

DIPTI ARUN KATE

Your name as shown on Form IL-1040

1 6 2 - 9 6 - 2 1 9 1
Your Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
1 W	37--600051	\$ 46.00	\$ 46.00	\$ 2.00
2		\$.00	\$.00	\$.00
3		\$.00	\$.00	\$.00
4		\$.00	\$.00	\$.00
5		\$.00	\$.00	\$.00

Step 2: Provide spouse's withholding records (include all W-2 and 1099 forms that show Illinois withholding)

Your spouse's name as shown on Form IL-1040

Your spouse's Social Security number

Column A Form type	Column B Employer/Payer Identification Number	Column C Federal Wages, Winnings, Gross Distributions, Compensation, etc.	Column D Illinois Wages, Winnings, Gross Distributions, Compensation, etc.	Column E Illinois Income Tax Withheld
6		\$.00	\$.00	\$.00
7		\$.00	\$.00	\$.00
8		\$.00	\$.00	\$.00
9		\$.00	\$.00	\$.00
10		\$.00	\$.00	\$.00

Step 3: Total Illinois withholding

11 Add the amounts in Column E for Lines 1 through 10 (and the amounts from Column E of any additional copies you attached). This is the total amount of your Illinois income tax withheld.

Enter this amount here and on Form IL-1040, Line 25.

11 \$ 2.00

➔ Attach all Schedules IL-WIT to your IL-1040. ⬅



Illinois Department of Revenue

Submission ID boxes

2021 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

DIPTI ARUN KATE 1 6 2 - 9 6 - 2 1 9 1
First name and middle initial Spouse's first name (and last name if different) Last name Social Security number
9865 ERMA ROAD 356 Mailing address Spouse's Social Security number
SAN DIEGO CA 92131 (217) 979-7062
City State ZIP Daytime phone number

Step 2: Complete information from tax return

1 Net income from Form IL-1040, Line 11 1 44 | 00
2 Tax from Form IL-1040, Line 14 2 2 | 00
3 Illinois Income Tax withheld from Form IL-1040, Line 25 only (enter "0" if none) 3 2 | 00
4 Overpayment from Form IL-1040, Line 36 4 | 00
5 Total amount due from Form IL-1040, Line 40 5 0 | 00
6 Filing status: X Single Married filing jointly Married filing separately Widowed Head of household

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (e.g., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: Checking Savings
10 Date the payment is to be electronically withdrawn: / /
11 Electronic funds withdrawal amount: | 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2021 Illinois Individual Income Tax return.
I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here Your signature Date Spouse's signature (if joint return, both must sign) Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

ERO's signature Date 03/21/2022 Check if paid preparer: X (See instructions.)
GLOBAL TAXES LLC Firm's name or your name if self-employed P 0 2 0 8 2 7 0 3 Your PTIN
2530 Pebble Creek Ln Mailing address 3 0 - 1 0 1 7 1 9 6 Federal employer identification number (FEIN)
Cumming GA 30041 (678) 965-9522
City State ZIP Daytime phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310).

Do not mail Form IL-8453 and these documents unless requested for review.



TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Fields include Your name (DIPTI ARUN KATE), Your SSN or ITIN (162-96-2191), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Lines include California adjusted gross income (AGI), Amount You Owe, 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, 2021, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN [6][2][1][9][1] Do not enter all zeros as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 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 [][][][][] Do not enter all zeros as my signature on my 2021 e-filed California individual income tax return.
I will enter my PIN as my signature on my 2021 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 Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Table with 11 cells containing digits: 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 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature Date 03/21/2022

2021 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

162-96-2191 KATE
DIPTIARUN KATE

21

9865 ERMA ROAD APT 356
SAN DIEGO CA 92131

03-30-1995

Principal Residence

Enter your county at time of filing (see instructions)

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

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

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

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

Exemptions

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

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$129 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$129 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$129 = \$

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 \$400 = ● \$

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 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .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. \$4,803
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions ● 18 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name: Your SSN or ITIN:

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 2021 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 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.

If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

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" value="1389"/> <input type="text" value=".00"/>
	98 Amount of line 97 you want applied to your 2022 estimated tax <input type="radio"/> 98 <input type="text" value="0"/> <input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text" value="1389"/> <input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text" value=""/> <input type="text" value=".00"/>

Contributions		Code	Amount
	California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text" value=""/> <input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text" value=""/> <input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text" value=""/> <input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/> 405	<input type="text" value=""/> <input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text" value=""/> <input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text" value=""/> <input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/> 408	<input type="text" value=""/> <input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text" value=""/> <input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text" value=""/> <input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422	<input type="text" value=""/> <input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text" value=""/> <input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/> 424	<input type="text" value=""/> <input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text" value=""/> <input type="text" value=".00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text" value=""/> <input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text" value=""/> <input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/> 439	<input type="text" value=""/> <input type="text" value=".00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text" value=""/> <input type="text" value=".00"/>
	Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text" value=""/> <input type="text" value=".00"/>
	Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text" value=""/> <input type="text" value=".00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	<input type="radio"/> 445	<input type="text" value=""/> <input type="text" value=".00"/>
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/> 446	<input type="text" value=""/> <input type="text" value=".00"/>
	110 Add code 400 through code 446. This is your total contribution	<input type="radio"/> 110	<input type="text" value=""/> <input type="text" value=".00"/>

Your name: Your SSN or ITIN:

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

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

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

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00

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

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

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.
Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Sign Here

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

Joint tax return? (See instructions)

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

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

2021 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 DIPTI ARUN KATE	SSN or ITIN 162962191
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Part I Income Adjustment Schedule		A Federal Amounts <small>(taxable amounts from your federal tax return)</small>	B Subtractions <small>See instructions</small>	C Additions <small>See instructions</small>
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 1	<input checked="" type="radio"/>	39,255.	<input checked="" type="radio"/>	564.
2 Taxable interest. a <input checked="" type="radio"/>	2b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> 65.	3b <input checked="" type="radio"/>	65.	<input checked="" type="radio"/>	
4 IRA distributions. See instructions. a <input checked="" type="radio"/>	4b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/>	5b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
6 Social security benefits. a <input checked="" type="radio"/>	6b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
7 Capital gain or (loss). See instructions. 7	<input checked="" type="radio"/>	6,813.	<input checked="" type="radio"/>	
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1 Taxable refunds, credits, or offsets of state and local income taxes 1	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
2a Alimony received. See instructions. 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
3 Business income or (loss). See instructions. . . . 3	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
4 Other gains or (losses) 4	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/>	-4,890.	<input checked="" type="radio"/>	
6 Farm income or (loss) 6	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7 Unemployment compensation 7	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8 Other income:				
a Federal net operating loss. 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
b Gambling income. 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
c Cancellation of debt 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
d Foreign earned income exclusion from federal Form 2555 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Taxable Health Savings Account distribution . . 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
f Alaska Permanent Fund dividends 8f	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
g Jury duty pay. 8g	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
h Prizes and awards 8h	<input checked="" type="radio"/>		<input checked="" type="radio"/>	

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income 8i	<input type="radio"/>		
j Stock options 8j	<input type="radio"/>		
k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 8k	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>		
m IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLÉ account . . . 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school 9b4	<input type="radio"/>	<input type="radio"/>	
10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. 10	<input type="radio"/> 41,243.	<input type="radio"/>	<input type="radio"/> 564.

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

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	

Section C – Adjustments to Income Continued	A Federal Amounts <small>(taxable amounts from your federal tax return)</small>	B Subtractions <small>See instructions</small>	C Additions <small>See instructions</small>
18 Penalty on early withdrawal of savings. 18	<input checked="" type="radio"/>		
19 a Alimony paid. 19a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Recipient's: SSN <input checked="" type="radio"/> _____ Last Name <input checked="" type="radio"/> _____			
20 IRA deduction. 20	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Student loan interest deduction 21	<input checked="" type="radio"/>		<input checked="" type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input checked="" type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	41,243.		564.

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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"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 41,243. 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3,093. 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			
5 a State and local income tax or general sales taxes. 5a <input checked="" type="radio"/> 2,728. <input checked="" type="radio"/> 2,728.			
b State and local real estate taxes 5b <input checked="" type="radio"/>			
c State and local personal property taxes 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 2,728.			
e 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 5e <input checked="" type="radio"/> 2,728. <input checked="" type="radio"/> 2,728. <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. 7 <input checked="" type="radio"/> 2,728. <input checked="" type="radio"/> 2,728. <input checked="" type="radio"/> 0.			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098. 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Add line 8a through line 8d 8e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year. 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions. 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. 17	<input type="radio"/> 2,728.	<input type="radio"/> 2,728.	<input type="radio"/> 0.

18 Total. Combine line 17 column A less column B plus column C **18** 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 <input checked="" type="radio"/> 19			
20 Tax preparation fees <input checked="" type="radio"/> 20			
21 Other expenses - investment, safe deposit box, etc. List type. <input type="radio"/> 21		0.	
22 Add line 19 through line 21 <input checked="" type="radio"/> 22		0.	
23 Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/> 41,243.			
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. <input checked="" type="radio"/> 24		825.	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. <input checked="" type="radio"/> 25			0.
26 Total Itemized Deductions. Add line 18 and line 25 <input checked="" type="radio"/> 26			0.
27 Other adjustments. See instructions. Specify. <input type="radio"/> 27			
28 Combine line 26 and line 27. <input checked="" type="radio"/> 28			0.
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		\$212,288	
Head of household		\$318,437	
Married/RDP filing jointly or qualifying widow(er)		\$424,581	
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. <input checked="" type="radio"/> 29			0.
30 Enter the larger of the amount on line 29 or your standard deduction listed below			
Single or married/RDP filing separately. See instructions		\$4,803	
Married/RDP filing jointly, head of household, or qualifying widow(er)		\$9,606	
Transfer the amount on line 30 to Form 540, line 18. <input checked="" type="radio"/> 30			4,803.

2021 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return D I P T I A R U N K A T E	SSN, ITIN, or FEIN 162962191
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 46.	<input checked="" type="radio"/> 46.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 46.	<input checked="" type="radio"/> 46.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	858.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	46.00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	41,807.00
5 Divide line 3 by line 4. Do not enter more than 1.0000.	<input checked="" type="radio"/> 5	0.0011
6 Multiply line 2 by line 5.	<input checked="" type="radio"/> 6	1.00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> IL See instructions	<input checked="" type="radio"/> 7	2.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	46.00
9 Adjusted gross income taxable by other state. See instructions.	<input checked="" type="radio"/> 9	46.00
10 Divide line 8 by line 9. Do not enter more than 1.0000.	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10.	<input checked="" type="radio"/> 11	2.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	1.00

Name as Shown on Return <u>DIPTI ARUN KATE</u>	Social Security No. <u>162-96-2191</u>
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Line 1 – Wages, Salaries, Tips, Etc.

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income		
2 Active duty military pay		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also)		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO)		
6 Ridesharing fringe benefit differences		
7 HSA employer contributions		564 .
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 Employer-provided dependent care assistance exclusion		
16 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1.		564 .

Line 4 – IRA, Pensions, and Annuities

	(B) Subtractions	(C) Additions
IRA's		
1 Other (itemize):		
a _____		
b _____		
c _____		
d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4		

Pensions and Annuities

	(B) Subtractions	(C) 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 5.		