

IRS efile Signature Authorization

Department of the Treasury
Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name RAJESH REDDY PALUGULLA	Social security number 745-45-5040
Spouse's name	Spouse's social security number

Part I Tax Return Information— Tax Year Ending December 31, 2021 (Enter year you are authorizing)

Enter whole dollars only on lines 1 through 5

Note: Form 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

1 Adjusted gross income	1	40,341.
2 Total tax	2	3,134.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6,082.
4 Amount you want refunded to you	4	2,948.
5 Amount you owe	5	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

5	5	0	4	0
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication— Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345 Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Filing Status Single Married filing 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 RAJESH REDDY	Last name PALUGULLA	Your social security number 745-45-5040
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 310 CRESCENT VILLAGE CIR, UNIT 1210		Apt no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. SAN JOSE	State CA	ZIP code 95134	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

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

Age/Blindness You Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch B if required	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	40,341.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2a, 3a, 4a, 5a, 6a, 7, and 8. This is your total income ▶	9	40,341.
10	Adjustments to income from Schedule 1, line 2b	10		
11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	40,341.	
12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.	
b	Charitable contributions if you take the standard deduction (see instructions)	12b		
c	Add lines 12a and 12b	12c	12,550.	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12c and 13	14	12,550.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	27,791.	

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	3,134.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	3,134.
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3 line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0	22	3,134.
23	Other taxes, including self-employment tax, from Schedule 2 line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,134.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,082.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	6,082.
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC) No Check here if you were born after January 1, 1993, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18 to claim the EIC. See instructions <input type="checkbox"/>	27a	
b	Non-taxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from 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 15	31	
32	Add lines 27a and 28 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	6,082.
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,948.
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,948.
Direct deposit? See instructions	b Routing number 0 8 1 0 0 0 0 3 2 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number 3 5 5 0 1 1 3 7 7 2 5 7		
	36 Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	
	38 Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

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 SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____
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) _____

Phone no (660) 238-3911 Email address RAJESHREDDYP8106@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 01/25/2022	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no (678) 965-9522	Firm's EIN 30-1017196

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Your name RAJESH REDDY PALUGULLA Your SSN or ITIN 745-45-5040 Spouse's/RDP's name Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whichever is only) 1 California adjusted gross income (AGI) 40,341. 2 Amount You Owe 2 3 Refund or Net Amount Due 1,930.

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. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above, agree with the information and amounts shown on the corresponding lines of my electronic income tax return.

Taxpayer's PIN check one box only [X] I authorize GLOBAL TAXES LLC to enter my PIN 0 5 0 4 0 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. The ERO must complete Part III below.

Your signature Date

Spouse's/RDP's PIN check one box only [] I authorize to enter my PIN 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. The ERO must complete Part III below.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (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

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 Rul. 1345-2021 Handbook for Authorized e-file Providers.

ERO's signature Date 01/25/2022

2021 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

745-45-5040 PALU
RAJESHREDDY PALUGULLA

21

310 CRESCENT VILLAGE CIR UNIT 1210
SAN JOSE CA 95134

08-04-1996

Principal Residence section with fields for county (SANTA CLARA), address, city, state, and ZIP code.

Filing Status section with options for Single, Married RDP filing jointly, and Married RDP filing separately.

Exemptions section with fields for Personal, Blind, and Senior exemptions.

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"/>
Dependents 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

13 Enter federal adjusted gross income from federal Form 1040 or 1040SR, line 11 13

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

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

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

17 California adjusted gross income Combine line 15 and line 16 17

18 Enter the larger of
 { Your California itemized deductions from Schedule CA (540), Part II, line 30 OR
 Your California standard deductions shown below for your filing status
 • Single or Married/RDP filing separately \$4803
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) ... \$9606
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 18

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

31 Tax Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31

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

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

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

35 Add line 33 and line 34 35

40 Nonrefundable Child and Dependent Care Expenses Credit See instructions 40

43 Enter cred trame code and amount .. 43

44 Enter cred trame code and amount .. 44

Your name Your SSN or ITIN

Special Credits	45	Today more than two credits. See instructions. Attach Schedule P (54)	<input type="radio"/>	45	<input type="text"/>	<input type="text"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text" value="60"/>	<input type="text"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text" value="60"/>	<input type="text"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0	<input checked="" type="radio"/>	48	<input type="text" value="708"/>	<input type="text"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (54)	<input type="radio"/>	61	<input type="text"/>	<input type="text"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text"/>
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	<input type="radio"/>	64	<input type="text"/>	<input type="text"/>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="708"/>	<input type="text"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="2638"/>	<input type="text"/>
	72	2021 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text"/>
	73	Withholding (Form 5922-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text"/>
	74	Excess SDI (or VFD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text"/>
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text"/>
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="2638"/>	<input type="text"/>

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

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or Coverage is qualifying health care coverage	<input checked="" type="radio"/>	92	<input type="text"/>	<input type="text"/>
	If you did not check the box, see instructions.					
		Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="2638"/>	<input type="text"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	<input checked="" type="radio"/>	95	<input type="text" value="2638"/>	<input type="text"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text"/>

Your name

PALUGULLA

Your SSN or ITIN

745-45-5040

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="1930"/>	<input type="text"/>
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"/>
99	Overpaid tax available this year. Subtract line 98 from line 97.	<input type="radio"/>	99	<input type="text" value="1930"/>	<input type="text"/>
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"/>	<input type="text"/>

Contributions

			<u>Code</u>	<u>Amount</u>	
California Senior Special Fund. See instructions.	<input type="radio"/>	400	<input type="text"/>	<input type="text"/>	
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund.	<input type="radio"/>	401	<input type="text"/>	<input type="text"/>	
Rare and Endangered Species Preservation Voluntary Tax Contribution Program.	<input type="radio"/>	403	<input type="text"/>	<input type="text"/>	
California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/>	405	<input type="text"/>	<input type="text"/>	
California Firefighters' Memorial Voluntary Tax Contribution Fund.	<input type="radio"/>	406	<input type="text"/>	<input type="text"/>	
Emergency Food for Families Voluntary Tax Contribution Fund.	<input type="radio"/>	407	<input type="text"/>	<input type="text"/>	
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/>	408	<input type="text"/>	<input type="text"/>	
California Sea Otter Voluntary Tax Contribution Fund.	<input type="radio"/>	410	<input type="text"/>	<input type="text"/>	
California Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/>	413	<input type="text"/>	<input type="text"/>	
School Supplies for Homeless Children Voluntary Tax Contribution Fund.	<input type="radio"/>	422	<input type="text"/>	<input type="text"/>	
State Parks Protection Fund/Parks Pass Purchase.	<input type="radio"/>	423	<input type="text"/>	<input type="text"/>	
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/>	424	<input type="text"/>	<input type="text"/>	
Keep Arts in Schools Voluntary Tax Contribution Fund.	<input type="radio"/>	425	<input type="text"/>	<input type="text"/>	
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund.	<input type="radio"/>	431	<input type="text"/>	<input type="text"/>	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund.	<input type="radio"/>	433	<input type="text"/>	<input type="text"/>	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/>	439	<input type="text"/>	<input type="text"/>	
Rape Kit Backlog Voluntary Tax Contribution Fund.	<input type="radio"/>	440	<input type="text"/>	<input type="text"/>	
Schools Not Prisons Voluntary Tax Contribution Fund.	<input type="radio"/>	443	<input type="text"/>	<input type="text"/>	
Suicide Prevention Voluntary Tax Contribution Fund.	<input type="radio"/>	444	<input type="text"/>	<input type="text"/>	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	<input type="radio"/>	445	<input type="text"/>	<input type="text"/>	
California Community and Neighborhood Tree Voluntary Tax Contribution Fund.	<input type="radio"/>	446	<input type="text"/>	<input type="text"/>	
110 Add code 400 through code 446. This is your total contribution.	<input type="radio"/>	110	<input type="text"/>	<input type="text"/>	

Your name Your SSN or ITIN

Amount You Owe 111 AMOUNT YOU OWE If you brotha ve an amount on line 99 ad line 94 line 96 line 100 and line 110 See instructions Do not send cash
Mail to FRANCHSE TAX BOARD PO BOX 92867 SACRAMENTO CA 9267001..... ● 111
Pay Online - Go to ftb.ca.gov/pay for more information

Interest and Penalties 112 Interest, late return penalties and late payment penalties..... 112
113 Underpayment of estimated tax
Check the box FTB 585 attached FTB 585F attached..... ● 113
114 Total amount due See instructions Enclose but do not staple any payment..... 114

115 REFUND OR NO AMOUNT DUE Subtract the sum of line 110 line 112 and line 113 from line 99 See instructions.
Mail to FRANCHSE TAX BOARD PO BOX 92867 SACRAMENTO CA 9267001..... ● 115

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 white ink only
All or the following amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 116 Direct deposit amount
 Savings

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

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 ENSP Franchise Tax Board Privacy Notice on Collection To request this notice by mail, call 800-380-0585 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