

U.S. Nonresident Alien Income Tax Return
Go to www.irs.gov/Form1040NR for instructions and the latest information.

For the year January 1-December 31, 2019, or other tax year

beginning , 2019, and ending , 20

2019

Please print or type

Identifying information section including name (PRADHEEP KUMAR, GURRAM), address (1560 VISA CLUB CIR, SANTA CLARA, CA 95054), and identifying number (365-41-2043).

Filing Status

Check only one box.

Filing status options: 1 Reserved, 2 Single nonresident alien, 3 Reserved, 4 Reserved, 5 Married nonresident alien (checked), 6 Qualifying widow(er) (see instructions).

Dependents

If more than four dependents, see instructions and check here.

Table with 5 columns: (1) First name, Last name, (2) Identifying number, (3) Relationship to you, (4) Check if qualifies for (Child tax credit, Credit for other dependents).

Income Effectively Connected With U.S. Trade/Business

Attach Form(s) W-2, 1042-S, SSA-1042S, RRB-1042S, and 8288-A here. Also attach Form(s) 1099-R if tax was withheld.

Income table with rows 8-23. Total effectively connected income is 12,177.

Adjusted Gross Income

Adjusted gross income table with rows 24-35. Adjusted gross income is 12,177.

Tax and Credits

Tax and credits table with rows 36-39. Total tax and credits is 1,057.

Tax and Credits (continued)

Table with 2 columns: Description and Amount. Rows 40-53. Total amount 1,141.

Other Taxes

Table with 2 columns: Description and Amount. Rows 54-61. Total amount 1,141.

Payments

Table with 2 columns: Description and Amount. Rows 62-71. Total amount 2,033.

Refund

Direct deposit? See instructions.

Table with 2 columns: Description and Amount. Rows 72-74. Total amount 892.

Amount You Owe

Table with 2 columns: Description and Amount. Rows 75-76.

Third Party Designee

Form for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Keep a copy of this return for your records.

Signature area with fields for signature, date, occupation, and PIN.

Paid Preparer Use Only

Form for Paid Preparer Use Only with fields for name, address, EIN, and phone.

Schedule A - Itemized Deductions (see instructions)

07

Taxes You Paid					
1	State and local income taxes				
a	State and local income taxes	1a	1,057		
b	Enter the smaller of line 1a and \$10,000 (\$5,000 if box 5 is checked)			1b	1,057
Gifts to U.S. Charities					
2	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	2			
3	Other than by cash or check. If you made any gift of \$250 or more, see instructions. Individuals must attach Form 8283 if line 3 is over \$500	3			
4	Carryover from prior year	4			
5	Add lines 2 through 4			5	
Casualty and Theft Losses					
6	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			6	
Other Itemized Deductions					
7	Other - from list in instructions. List type and amount ▶ _____ _____ _____ _____ _____ _____			7	
Total Itemized Deductions					
8	Add the amounts in the far right column for lines 1b through 7. Also, enter this amount on Form 1040-NR, line 37			8	1,057

Schedule NEC - Tax on Income Not Effectively Connected With a U.S. Trade or Business (see instructions)

Nature of income		Enter amount of income under the appropriate rate of tax (see instructions)				
		(a) 10%	(b) 15%	(c) 30%	(d) Other (specify)	
						%
1 Dividends and dividend equivalents:						
a Dividends paid by U.S. corporations	1a					
b Dividends paid by foreign corporations	1b					
c Dividend equivalent payments received with respect to section 871(m) transactions	1c					
2 Interest						
a Mortgage	2a					
b Paid by foreign corporations	2b					
c Other	2c					
3 Industrial royalties (patents, trademarks, etc.)	3					
4 Motion picture or T.V. copyright royalties	4					
5 Other royalties (copyrights, recording, publishing, etc.)	5					
6 Real property income and natural resources royalties	6					
7 Pensions and annuities	7					
8 Social security benefits	8					
9 Capital gain from line 18 below	9					
10 Gambling - Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-.						
a Winnings _____						
b Losses _____	10c					
11 Gambling winnings - Residents of countries other than Canada. Note: Losses not allowed	11					
12 Other (specify) ▶ _____	12					
13 Add lines 1a through 12 in columns (a) through (d)	13					
14 Multiply line 13 by rate of tax at top of each column	14					
15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 54 ▶						15

Capital Gains and Losses From Sales or Exchanges of Property

	16	(a) Kind of property and description (if necessary, attach statement of descriptive details not shown below)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)	
Enter only the capital gains and losses from property sales or exchanges that are from sources within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040 or 1040-SR). Report property sales or exchanges that are effectively connected with a U.S. business on Schedule D (Form 1040 or 1040-SR), Form 4797, or both.									
	17	Add columns (f) and (g) of line 16					17	()	
	18	Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above (if a loss, enter -0-). ▶					18		0

Schedule OI - Other Information (see instructions)

Answer all questions

- A Of what country or countries were you a citizen or national during the tax year? INDIA
B In what country did you claim residence for tax purposes during the tax year? INDIA
C Have you ever applied to be a green card holder (lawful permanent resident) of the United States?
D Were you ever:
1. A U.S. citizen?
2. A green card holder (lawful permanent resident) of the United States?
E If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax year. L1 B
F Have you ever changed your visa type (nonimmigrant status) or U.S. immigration status?

G List all dates you entered and left the United States during 2019. See instructions.

Note: If you are a resident of Canada or Mexico AND commute to work in the United States at frequent intervals, check the box for Canada or Mexico and skip to item H

Table with 4 columns: Date entered United States, Date departed United States, Date entered United States, Date departed United States. Includes entry for 12-14-2019.

- H Give number of days (including vacation, nonworkdays, and partial days) you were present in the United States during: 2017 0, 2018 0, and 2019 18.
I Did you file a U.S. income tax return for any prior year?
J Are you filing a return for a trust?
K Did you receive total compensation of \$250,000 or more during the tax year?

L Income Exempt from Tax - If you are claiming exemption from income tax under a U.S. income tax treaty with a foreign country, complete (1) through (3) below. See Pub. 901 for more information on tax treaties.

1. Enter the name of the country, the applicable tax treaty article, the number of months in prior years you claimed the treaty benefit, and the amount of exempt income in the columns below. Attach Form 8833 if required. See instructions.

Table with 4 columns: (a) Country, (b) Tax treaty article, (c) Number of months claimed in prior tax years, (d) Amount of exempt income in current tax year.

(e) Total. Enter this amount on Form 1040-NR, line 22. Do not enter it on line 8 or line 12.

- 2. Were you subject to tax in a foreign country on any of the income shown in 1(d) above?
3. Are you claiming treaty benefits pursuant to a Competent Authority determination?
M Check the applicable box if:
1. This is the first year you are making an election to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d).
2. You have made an election in a previous year that has not been revoked, to treat income from real property located in the United States as effectively connected with a U.S. trade or business under section 871(d).

CANOTES	Notes about the return	2019 PAGE 1										
Name(s) as shown on return PRADHEEP KUMAR GURRAM		SSN/FEIN 365-41-2043										
139 140 201	<p>CA 5402EZ is not produced due to exemptions exceeding tax.</p> <p>If you want to suppress the state's notes page from generating when it only concerns long form versus short form do the following:</p> <p>Escape out of the tax package data entry screen, go to Setup-Options-States tab. Select CA from the list; check box for "Suppress the CA Notes Page concerning ONLY the reason a short form did not print."</p> <p>Note: This will turn off ONLY notes about why a California short form was not generated.</p> <p>Taxpayer/Spouse first name has been modified by the Tax software to remove any non allowed spaces for Electronic Filing purposes.</p> <p>Otherwise, the spacing in a first name would produce reject code 509.</p> <p>509 540/NR/2EZ Record</p> <p>There is an error with the First Name information you provided. Your first name (Field 0030) and/or your spouse's first name (Field 0040) cannot have more than 11 characters and cannot have spaces, dashes, punctuation, or symbols.</p> <p>For example:</p> <table border="0"> <tr> <td>Not Acceptable</td> <td>Acceptable</td> </tr> <tr> <td>-----</td> <td>-----</td> </tr> <tr> <td>Jo Ann</td> <td>Joann</td> </tr> <tr> <td>Shu-Hueng</td> <td>Shuhueng</td> </tr> <tr> <td>Teresita M.</td> <td>First Name = Teresita Middle Initial = M</td> </tr> </table>	Not Acceptable	Acceptable	-----	-----	Jo Ann	Joann	Shu-Hueng	Shuhueng	Teresita M.	First Name = Teresita Middle Initial = M	
Not Acceptable	Acceptable											
-----	-----											
Jo Ann	Joann											
Shu-Hueng	Shuhueng											
Teresita M.	First Name = Teresita Middle Initial = M											

2019 CA540 Filing Instructions
PRADHEEP KUMAR GURRAM

Form filed:

CA540 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

07-15-2020

Refund:

\$935.00

Transaction method:

The refund will be directly deposited into your checking account at Bank Of America ending in 8584.

2019 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

365-41-2043 GURR PRADHEEP KU GURRAM

19

1560 VISA CLUB CIR SANTA CLARA CA 95054

APT 103

05-21-1982

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 PRATHYUSHA BATTA

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

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

Exemptions

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.

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

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

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

Total dependent exemptions X \$378 =

Your name: **PRADHEEP KUMAR GU** Your SSN or ITIN: **365-41-2043**

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

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 **12**

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b **13**

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, 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 23, 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 deduction** shown below for your filing status:
 • Single or Married/RDP filing separately \$4,537
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,074
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instr.] **18**

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

Tax

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 AGI is more than \$200,534, 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**

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions **40**

43 Enter credit name code and amount. **43**

44 Enter credit name code and amount. **44**

45 To claim more than two credits. See instructions. Attach Schedule P (540) **45**

46 Nonrefundable renter's credit. See instructions **46**

47 Add line 40 through line 46. These are your total credits **47**

48 Subtract line 47 from line 35. If less than zero, enter -0- **48**

Your name: PRADHEEP KUMAR GU Your SSN or ITIN: 365-41-2043

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 Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	0	.00

Payments	71 California income tax withheld. See instructions	• 71	935	.00
	72 2019 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 VPDI) withheld. See instructions	• 74		.00
	75 Earned Income Tax Credit (EITC)	• 75		.00
	76 Young Child Tax Credit (YCTC). See instructions	• 76		.00
	77 Add lines 71 through 76. These are your total payments. See instructions	⊕ 77	935	.00

Use Tax	91 Use Tax. Do not leave blank. See instructions	• 91		.00
	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 CDTFA.				

Overpaid Tax/Tax Due	92 Payments balance. If line 77 is more than line 91, subtract line 91 from line 77	⊕ 92	935	.00
	93 Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91	⊕ 93		.00
	94 Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	⊕ 94	935	.00
	95 Amount of line 94 you want applied to your 2020 estimated tax	• 95		.00
	96 Overpaid tax available this year. Subtract line 95 from line 94	• 96	935	.00
	97 Tax due. If line 92 is less than line 64, subtract line 92 from line 64	⊕ 97		.00

Your name: Your SSN or ITIN:



Contributions

Code Amount

California Seniors Special Fund. See instructions	• 400	<input type="text"/>	<input type="text" value=".00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . .	• 401	<input type="text"/>	<input type="text" value=".00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403	<input type="text"/>	<input type="text" value=".00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund	• 405	<input type="text"/>	<input type="text" value=".00"/>
California Firefighters' Memorial Fund	• 406	<input type="text"/>	<input type="text" value=".00"/>
Emergency Food for Families Voluntary Tax Contribution Fund	• 407	<input type="text"/>	<input type="text" value=".00"/>
California Peace Officer Memorial Foundation Fund	• 408	<input type="text"/>	<input type="text" value=".00"/>
California Sea Otter Fund	• 410	<input type="text"/>	<input type="text" value=".00"/>
California Cancer Research Voluntary Tax Contribution Fund	• 413	<input type="text"/>	<input type="text" value=".00"/>
School Supplies for Homeless Children Fund	• 422	<input type="text"/>	<input type="text" value=".00"/>
State Parks Protection Fund/Parks Pass Purchase	• 423	<input type="text"/>	<input type="text" value=".00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424	<input type="text"/>	<input type="text" value=".00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund	• 425	<input type="text"/>	<input type="text" value=".00"/>
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 431	<input type="text"/>	<input type="text" value=".00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438	<input type="text"/>	<input type="text" value=".00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439	<input type="text"/>	<input type="text" value=".00"/>
Rape Kit Backlog Voluntary Tax Contribution Fund	• 440	<input type="text"/>	<input type="text" value=".00"/>
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	• 441	<input type="text"/>	<input type="text" value=".00"/>
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . .	• 442	<input type="text"/>	<input type="text" value=".00"/>
Schools Not Prisons Voluntary Tax Contribution Fund	• 443	<input type="text"/>	<input type="text" value=".00"/>
Suicide Prevention Voluntary Tax Contribution Fund	• 444	<input type="text"/>	<input type="text" value=".00"/>
110 Add code 400 through code 444. This is your total contribution	• 110	<input type="text"/>	<input type="text" value=".00"/>



Your name: PRADHEEP KUMAR GU Your SSN or ITIN: 365-41-2043

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 . . . 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 5805 attached FTB 5805F 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 110, line 112 and line 113 from line 96. See instructions. Mail to:FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 . . . 115 935

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:

Type Routing number 121000358 Checking X Account number 325132658584 116 Direct deposit amount 935 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account 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. 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) 06-12-2020

Sign Here Your email address. Enter only one email address. PRADEEP.VLSI@GMAIL.COM Preferred phone number 669-281-9969

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) VENKATA TAX SERVICES INC PTIN P02107160 Firm's address 89 SOUTH MAIN STREET MILPITAS, CA 95035 Firm's FEIN 824072701

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

Print Third Party Designee's Name Telephone Number

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2019 AGI FD/ST Summary	
Name(s) as shown on state return PRADHEEP KUMAR GURRAM			Social Security Number 365-41-2043	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
Federal 1040				
1 Wages, salaries, tips, etc.	1	12,177		12,177
2b Taxable interest	2b			
3b Ordinary dividends	3b			
4b Taxable amount of IRA distributions	4b			
4d Taxable amount of Pensions and annuities	4d			
5b Taxable amount of Social security benefits	5b			
6 Capital gain or (loss)	6			
Schedule 1 - Additional Income				
1 Taxable refunds, credits, or offsets of state and local income taxes	1			
2a Alimony received	2a			
3 Business income or (loss)	3			
4 Other gains or (losses)	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	5			
6 Farm income or (loss)	6			
7 Unemployment compensation	7			
8 Other income	8			
9 Add the amounts in each column for Federal 1040 Lines 1-6 and Schedule 1 lines 1-9. This is your total income	9	12,177		12,177
Schedule 1 - Adjustments to Income				
10 Educator Expenses	10			
11 Certain business expenses of reservists, performing artists, & fee-basis gov. officials	11			
12 Health savings account deduction	12			
13 Moving expenses	13			
14 Deductible part of self-employment tax	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			
19 IRA deduction	19			
20 Student loan interest deduction	20			
21 Tuition and fees	21			
22 Line 22 other adjustments	22			
Add lines 10 through 22				
Line 9 less Line 22. This is your AGI		12,177		12,177

2019

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 365412043

c. Employer's name ARICENT N A INC

b. Employer identification number 201867090

Employer's address 3979 FREEDOM CIRCLE 950

City SANTA CLARA State CA ZIP code 95054

e. Employee's first name* PRADHEEP Initial* U Last name* GURRAM Suffix*

f. Employee's address* 1560 VISA CLUB CIR APT 103

City* SANTA CLARA State* CA ZIP code* 95054

<input type="radio"/> 1. Wages, tips, other compensation <input type="radio"/> 12177	<input type="radio"/> 4. Social security tax withheld <input type="radio"/> 755	<input type="radio"/> 8. Allocated tips (not included in box 1) <input type="radio"/>
<input type="radio"/> 2. Federal income tax withheld <input type="radio"/> 2033	<input type="radio"/> 6. Medicare tax withheld <input type="radio"/> 177	<input type="radio"/> 10. Dependent care benefits <input type="radio"/>
<input type="radio"/> 3. Social security wages <input type="radio"/> 12177	<input type="radio"/> 7. Social security tips <input type="radio"/>	<input type="radio"/> 11. Nonqualified plans <input type="radio"/>

12. Codes and amounts

<input type="radio"/> 12a. Code <input type="radio"/> C Amount <input type="radio"/> 3	<input type="radio"/> 12c. Code <input type="radio"/> Amount <input type="radio"/>
<input type="radio"/> 12b. Code <input type="radio"/> Amount <input type="radio"/>	<input type="radio"/> 12d. Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type <input type="radio"/> SDI	Amount <input type="radio"/> 122	16. State wages, tips, etc. <input type="radio"/> 12177
--------------------------------	----------------------------------	---

15. State and employer's state ID number

State <input type="radio"/> CA	Employer's state ID number <input type="radio"/> 244-3330 2	17. State income tax <input type="radio"/> 935
--------------------------------	---	--

CA-COMP	Three-year State Tax Return Comparison			2019
Name(s) as shown on return PRADHEEP KUMAR GURRAM			Taxpayer ID Number 365-41-2043	
[State] Income Tax Return	2017	2018	2019	Difference 2018-2019
Filing Status			MFS	
Gross Income			12,177	12,177
Deductions			4,537	4,537
Taxable Income			7,640	7,640
Actual State Income				
State Income Tax				
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			935	935
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			935	935
Balance Due				
Marginal tax rate			1.000000	1.000000
Effective tax rate				