

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2021

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2,0,2,1 AND ENDING 66F

Personal information section including name, address, and social security numbers.

Filing status section with checkboxes for Married, Head of household, etc.

Exemptions section for age 65+, blind, and dependents.

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military

Table for dependent information (Box 10a and 10b) with columns for name, SSN, relationship, etc.

Table for qualifying parents and grandparents (Box 11a) with columns for name, SSN, relationship, etc.

14 Dates of Arizona residency: From 0,6,2,5,2,0,2,1 to 1,2,3,1,2,0,2,1

Main income table with columns for 2021 Federal Amount and 2021 Arizona Amount Only.

Subtractions section including Arizona income ratio, small business income, and other adjustments.

Place any required federal and AZ schedules or other documents after Form 140PY.

Vertical labels on the left side: FILING STATUS, Exemptions 8, 9, and 11a - Dependents 10a and 10b, Arizona Income, Subtractions - cont. on page 2, Additions

Your Name (as shown on page 1) **VAMSI RAM BOGGINENI** Your Social Security Number **817-46-0891**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00
	41	Contributions to: 41a 529 College Savings Plans <input type="text" value="00"/> 41b 529A (ABLE accounts) <input type="text" value="00"/> add 41a and 41b	41c		00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00
	44	Other Subtractions from Income. Complete <i>Other Subtractions from Arizona Gross Income</i> schedule on page 6	44		00
	45	Subtract lines 40 through 44 from line 39. Enter the difference	45	33,547	00
Exemptions	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00
	47	Blind: Multiply the number in box 9 by \$1,500	47		00
	48	Other Exemptions. See instructions. 48E <input type="text"/> Multiply the number in box 48E by \$2,300	48		00
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00
	50	Add lines 46 through 49. Enter the total	50		00
	51	Multiply line 50 by the Arizona income ratio on line 27	51		0 00
	52	<b>Arizona adjusted gross income:</b> Subtract line 51 from line 45. If less than zero, enter "0"	52	33,547	00
Balance of Tax	53	<b>Deductions: Check box and enter amount.</b> See instructions. 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	12,550	00
	54	If you checked box 53S and claim charitable contributions check 54C <input type="checkbox"/> Complete page 3. See instructions.	54		0 00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	20,997	00
	56a	Compute the tax using amount from line 55 and Tax Tables X and Y	56a	544	00
	56b	If line 55 is \$250,001 or more (single/mfs) or \$500,001 or more (mfj/hoh) compute the tax surcharge. Enter the amount.	56b		00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 30	57		00
	58	Subtotal of tax: Add lines 56a, 56b and 57. Enter the total	58	544	00
	59	Dependent Tax Credit. See instructions.	59		00
	60	Family income tax credit (from the worksheet - see instructions)	60		00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61	61		00
Total Payments and Refundable Credits	62	<b>Balance of tax:</b> Subtract lines 59, 60 and 61 from line 58. If the sum of lines 59, 60 and 61 is more than line 58, enter "0"	62	544	00
	63	2021 AZ income tax withheld	63	1,208	00
	64	2021 AZ estimated tax payments. 64a <input type="text" value="00"/> Claim of Right 64b <input type="text" value="00"/> Add 64a and 64b	64c		00
	65	2021 AZ extension payment (Form 204)	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00
Tax Due or Overpayment	67	Other refundable credits: Check the box(es) and enter the total amount. 671 <input type="checkbox"/> 308-I 672 <input type="checkbox"/> 349	67		00
	68	<b>Total payments and refundable credits:</b> Add lines 63 through 67. Enter the total	68	1,208	00
	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62. Enter amount of tax due. Skip lines 70, 71 and 72	69		00
	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68. Enter amount of overpayment	70	664	00
	71	Amount of line 70 to be applied to 2022 estimated tax.	71		00
Voluntary Gifts	72	<b>Balance of overpayment:</b> Subtract line 71 from line 70. Enter the difference	72	664	00
	73 - 83	<b>Voluntary Gifts to:</b>			
		Solutions Teams Assigned to Schools	73		00
		Arizona Wildlife	74		00
		Child Abuse Prevention	75		00
		Domestic Violence Services	76		00
		Political Gift	77		00
		Neighbors Helping Neighbors	78		00
		Special Olympics	79		00
		Veterans' Donations Fund	80		00
	I Didn't Pay Enough Fund	81		00	
	Sustainable State Parks and Road Fund	82		00	
	Spay/Neuter of Animals	83		00	
Penalty	84	Political Party (if amount is entered on line 77- check only one): 841 <input type="checkbox"/> Democratic 842 <input type="checkbox"/> Libertarian 843 <input type="checkbox"/> Republican			
	85	Estimated payment penalty	85		00
	86	861 <input type="checkbox"/> Annualized/Other 862 <input type="checkbox"/> Farmer or Fisherman 863 <input type="checkbox"/> Form 221 included			
Refund or Amount Owed	87	Add lines 73 through 83 and 85; enter the total	87		00
	88	<b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88	664	00
		<b>Direct Deposit of Refund: Check box 88A</b> if your deposit will be ultimately placed in a foreign account; see instructions. 88A <input type="checkbox"/> <input checked="" type="checkbox"/> C <input type="checkbox"/> Checking or ROUTING NUMBER <input type="text"/> ACCOUNT NUMBER <input type="text"/> <input type="checkbox"/> S <input type="checkbox"/> Savings			
	89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89		00

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 \_\_\_\_\_ SOFTWARE ENGINEER OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION

SYAM PRIYA RAM SAGAR GUPTA TALLAM 02192022 GLOBAL TAXES LLC

PAID PREPARER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196

PAID PREPARER'S STREET ADDRESS \_\_\_\_\_ PAID PREPARER'S TIN

Cumming GA 30041 (678) 965-9522

PAID PREPARER'S CITY STATE ZIP CODE \_\_\_\_\_ PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

## 2021 Form 140PY - Standard Deduction Increase for Charitable Contributions

**You must complete this worksheet if you are taking an increased standard deduction for charitable contributions. Include the completed worksheet with your tax return, when filed. If you do not include the completed worksheet, your standard deduction will not be increased.**

Taxpayers electing to take the Standard Deduction may *increase* the standard deduction amount by 25% (.25) of the total amount of the taxpayer's charitable deductions that would have been allowed if the taxpayer elected to claim itemized deductions on the Arizona tax return.

Charitable contributions (lines 1C, 2C, and 3C) are those gifts allowed on federal Form 1040 Schedule A (Gifts to Charity) that you would have claimed had you elected to take itemized deductions on your federal return.

**NOTE 1:** As a part-year resident filing Arizona Form 140PY, you may only include those charitable contributions that are incurred and paid while an Arizona resident plus the amount of such gifts from Arizona sources incurred and paid during the part of the year while an Arizona nonresident.

**NOTE 2:** You must reduce your contribution amount by the total charitable contributions you made during January 1, 2021 through December 31, 2021 for which you are claiming an Arizona tax credit under Arizona law for the current tax year return or claimed on the prior tax year return. Enter this amount on line 5C.

**NOTE 3:** If you itemized deductions on your federal return (1040 Schedule A) and were required to adjust the amount of your allowable contributions on your federal 1040 Schedule A for the amount claimed as a tax credit on your Arizona income tax return, include the amount of the federal contribution adjustment to line 1C and enter the amount of the Arizona tax credit on line 5C.

Complete the worksheet to determine your allowable increased standard deduction for charitable contributions.

<b>1C</b>	2021 Gifts by cash or check.....	<b>1C</b>	0	00
<b>2C</b>	2021 Other than by cash or check.....	<b>2C</b>		00
<b>3C</b>	Carryover from prior year.....	<b>3C</b>		00
<b>4C</b>	Add lines 1C through 3C and enter the total.....	<b>4C</b>	0	00
<b>5C</b>	Total charitable contributions made in 2021 for which you are claiming a credit under Arizona law for the current (2021) or prior (2020) tax year.....	<b>5C</b>	0	00
<b>6C</b>	Subtract line 5C from line 4C and enter the difference. If less than zero, enter "0".....	<b>6C</b>	0	00
<b>7C</b>	Multiply line 6C by 25% (.25) and enter the result.....	<b>7C</b>	0	00

- Enter the amount shown on line 7C on page 2, line 54.
- Be sure to check box **53S** for Standard Deduction on line 53.
- Check box **54C** for charitable contributions on line 54. If you do not check this box, you may be denied the increased standard deduction.

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

California e-file Return Authorization for Individuals

FORM

8453

Your first name and initial Last name Suffix Your SSN or ITIN
VAMSI RAM BOGGINENI 817-46-0891
If joint return, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box Apt. no. /ste. no. PMB/private mailbox Daytime telephone number
13220 S 48TH ST (619) 937-8546
City State ZIP code
PHOENIX AZ 85044
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount. Row 1: California adjusted gross income. See instructions. 1 46,354. Row 2: Refund or no amount due. See instructions. 2. Row 3: Amount you owe. See instructions. 3 921.

Part II Settle Your Account Electronically for Taxable Year 2021 (Pay by 4/18/2022)

- 4 Direct deposit of refund
5 Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

Part III Make Estimated Tax Payments for Taxable Year 2022 These are NOT installment payments for the current amount you owe.

Table with 5 columns: Description, First Payment 4/18/2022, Second Payment 6/15/2022, Third Payment 9/15/2022, Fourth Payment 1/17/2023. Row 6: Amount. Row 7: Withdrawal date.

Part IV Banking Information (Have you verified your banking information?)

- 8 Amount of refund to be directly deposited to account below 12 The remaining amount of my refund for direct deposit
9 Routing number 13 Routing number
10 Account number 14 Account number
11 Type of account: Checking Savings 15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I 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 taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2021 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.

Sign Here section with signature lines and dates for taxpayer and spouse/RDP.

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for four years from the due date of the return or four years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign section with fields for signature, date, check boxes, and PTIN.

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign section with fields for signature, date, check boxes, and PTIN.

**Voucher at bottom of page.**

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

**WHERE TO FILE:** Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2021 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

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

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

**WHEN TO FILE: Calendar Year – File and pay by April 18, 2022.**

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

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

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

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

TAXABLE YEAR

CALIFORNIA FORM

**2021 Payment Voucher for Individual e-filed Returns**

**3582 (e-file)**

817-46-0891 BOGG 842-74-4408 21  
VAMSIRAM BOGGINENI

13220 S 48TH ST  
PHOENIX AZ 85044

Amount of Payment 921.

# California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

817-46-0891 BOGG 842-74-4408  
VAMSIRAM BOGGINENI

21

13220 S 48TH ST  
PHOENIX AZ 85044

04-08-1992

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

Filing Status

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

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

See instructions.

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

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

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

Whole dollars only

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

Exemptions

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 = ● \$



Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="46354"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="70093"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <input type="radio"/> <b>15</b> <input type="text" value="70093"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value="4333"/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="74426"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="4803"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="69623"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 ..... <input checked="" type="radio"/> <b>31</b> <input type="text" value="3475"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="46354"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="43363"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0499"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="2164"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.6228"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="80"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="2084"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="2084"/> <input type="text" value=".00"/>	

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value="."/> <input type="text" value=".00"/>
<b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>	

Your name:  Your SSN or ITIN:

**Special Credits continued**

- 58 Enter credit name  code  and amount... ● 58  .00
- 59 Enter credit name  code  and amount... ● 59  .00
- 60 To claim more than two credits. See instructions... ● 60  .00
- 61 Nonrefundable Renter's Credit. See instructions... ● 61  .00
- 62 Add line 50 and line 55 through 61. These are your total credits... ● 62  .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0-... ● 63  .00

**Other Taxes**

- 71 Alternative Minimum Tax. Attach Schedule P (540NR)... ● 71  .00
- 72 Mental Health Services Tax. See instructions... ● 72  .00
- 73 Other taxes and credit recapture. See instructions... ● 73  .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions... ● 74  .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax... ● 75  .00

**Payments**

- 81 California income tax withheld. See instructions... ● 81  .00
- 82 2021 CA estimated tax and other payments. See instructions... ● 82  .00
- 83 Withholding (Form 592-B and/or 593). See instructions... ● 83  .00
- 84 Excess SDI (or VPD) withheld. See instructions... ● 84  .00
- 85 Earned Income Tax Credit (EITC)... ● 85  .00
- 86 Young Child Tax Credit (YCTC). See instructions... ● 86  .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions... ● 87  .00
- 88 Add line 81 through line 87. These are your total payments. See instructions... ● 88  .00

**ISR Penalty**

- 91 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. .... ●  X  
If you did not check the box, see instructions.  
Individual Shared Responsibility (ISR) Penalty. See instructions... ● 91  .00

**Overpaid Tax/Tax Due**

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,  
subtract line 91 from line 88... ● 92  .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,  
subtract line 88 from line 91... ● 93  .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92... ● 101  .00
- 102 Amount of line 101 you want applied to your 2022 estimated tax... ● 102  .00



Your name:

Your SSN or ITIN:

**103** Overpaid tax available this year. Subtract line 102 from line 101  **103**  .00

**104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75  **104**  .00

**Contributions**

**Code Amount**

California Seniors Special Fund. See instructions  **400**  .00

Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund  **401**  .00

Rare and Endangered Species Preservation Voluntary Tax Contribution Program  **403**  .00

California Breast Cancer Research Voluntary Tax Contribution Fund  **405**  .00

California Firefighters' Memorial Voluntary Tax Contribution Fund  **406**  .00

Emergency Food for Families Voluntary Tax Contribution Fund  **407**  .00

California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund  **408**  .00

California Sea Otter Voluntary Tax Contribution Fund  **410**  .00

California Cancer Research Voluntary Tax Contribution Fund  **413**  .00

School Supplies for Homeless Children Voluntary Tax Contribution Fund  **422**  .00

State Parks Protection Fund/Parks Pass Purchase  **423**  .00

Protect Our Coast and Oceans Voluntary Tax Contribution Fund  **424**  .00

Keep Arts in Schools Voluntary Tax Contribution Fund  **425**  .00

Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund  **431**  .00

California Senior Citizen Advocacy Voluntary Tax Contribution Fund  **438**  .00

Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund  **439**  .00

Rape Kit Backlog Voluntary Tax Contribution Fund  **440**  .00

Schools Not Prisons Voluntary Tax Contribution Fund  **443**  .00

Suicide Prevention Voluntary Tax Contribution Fund  **444**  .00

Mental Health Crisis Prevention Voluntary Tax Contribution Fund  **445**  .00

California Community and Neighborhood Tree Voluntary Tax Contribution Fund  **446**  .00

**120** Add code 400 through code 446. This is your total contribution  **120**  .00

Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

**Sign Here** ● Your email address. Enter only one email address.  ● Preferred phone number

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

It is unlawful to forge a spouse's/RDP's signature. Firm's name (or yours, if self-employed)  ● PTIN

Joint tax return? (See instructions) 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

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (VAMSI RAM BOGGINENI) and SSN or ITIN (817460891)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.

During 2021:

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

Table with 2 columns: Yourself and Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table with 5 columns: Section A - Income, A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows 1-7 detailing income adjustments.

Section B — Additional Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>8</b>	<b>Other income:</b>					
a	Federal net operating loss . . . . . 8a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Gambling income . . . . . 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
c	Cancellation of debt . . . . . 8c	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Foreign earned income exclusion from federal Form 2555 . . . . . 8d	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Taxable Health Savings Account distribution . . . . . 8e	<input type="radio"/>	<input type="radio"/>			
f	Alaska Permanent Fund dividends . . . 8f	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
g	Jury duty pay . . . . . 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h	Prizes and awards . . . . . 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i	Activity not engaged in for profit income . . . 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j	Stock options . . . . . 8j	<input type="radio"/>			<input type="radio"/>	<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"/>			<input type="radio"/>	<input type="radio"/>
l	Olympic and Paralympic medals and USOC prize money . . . . . 8l	<input type="radio"/>			<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
p	Taxable distributions from an ABLE account . . . . . 8p	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z	Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9</b>	<b>a</b> Total other income. Add lines 8a through 8z . . . . . 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1	Disaster loss deduction from form FTB 3805V . . . . . 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2	NOL deduction from form FTB 3805V . . . . . 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3	NOL from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b4	Student loan discharged due to closure of a for-profit school . . . . . 9b4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
<b>10</b>	<b>Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C . . . . . 10	<input checked="" type="radio"/> 70,093.	<input type="radio"/>	<input checked="" type="radio"/> 4,333.	<input checked="" type="radio"/> 74,426.	<input checked="" type="radio"/> 46,354.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>11</b> Educator expenses . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions . . . . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>16</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Self-employed health insurance deduction. See instructions . . . . . <b>17</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18</b> Penalty on early withdrawal of savings . . . . . <b>18</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ <b>19a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> IRA deduction . . . . . <b>20</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>22</b> Reserved for future use . . . . . <b>22</b>					
<b>23</b> Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>24 Other adjustments:</b>					
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . . <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>d</b> Reforestation amortization and expenses . . . . . <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>i</b> 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 . . . . . <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>j</b> Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>z</b> Other adjustments. List type and amount. <input checked="" type="radio"/> _____ <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

Section C — Adjustments to Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
25	Total other adjustments. Add lines 24a through 24z . . . . .	25				
26	Add line 11 through line 23 and line 25 in each column, A through E . . . . .	26				
27	<b>Total.</b> Subtract line 26 from line 10 in each column, A through E. See instructions. . . . .	27	70,093.	4,333.	74,426.	46,354.

**Part III Adjustments to Federal Itemized Deductions**  
 Check the box if you did NOT itemize for federal but will itemize for California . . . . .

**Medical and Dental Expenses** See instructions.

	A	B	C
	Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
1	Medical and dental expenses . . . . .		
2	Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .	70,093.	
3	Multiply line 2 by 7.5% (0.075) . . . . .	5,257.	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . .		0.

**Taxes You Paid**

	A	B	C
	Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
5a	State and local income tax or general sales taxes . . . . .	2,386.	2,386.
5b	State and local real estate taxes . . . . .		
5c	State and local personal property taxes . . . . .		
5d	Add line 5a through line 5c. . . . .	2,386.	
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . .	2,386.	2,386.
6	Other taxes. List type <input checked="" type="radio"/> . . . . .		
7	Add line 5e and line 6. . . . .	2,386.	2,386.

**Interest You Paid**

	A	B	C
	Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
8a	Home mortgage interest and points reported to you on federal Form 1098 . . . . .		
8b	Home mortgage interest not reported to you on federal Form 1098 . . . . .		
8c	Points not reported to you on federal Form 1098 . . . . .		
8d	Mortgage insurance premiums . . . . .		
8e	Add line 8a through line 8d. . . . .		
9	Investment interest . . . . .		
10	Add line 8e and line 9. . . . .		

**Gifts to Charity**

	A	B	C
	Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
11	Gifts by cash or check . . . . .	600.	
12	Other than by cash or check . . . . .		
13	Carryover from prior year . . . . .		
14	Add line 11 through line 13 . . . . .	600.	

**Casualty and Theft Losses**

	A	B	C
	Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . . . .		

**Other Itemized Deductions**

	A	B	C
	Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
16	Other—from list in federal instructions . . . . .		
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . .	2,986.	2,386.

18 **Total.** Combine line 17 column A less column B plus column C . . . . .  18 600.



**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type    21

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  70,093.

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

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately ..... \$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 (540NR), line 29  29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,803  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,606  30

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 27, column E  1

2 Enter your deductions from line 30  2

3 **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3

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

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

Name as Shown on Return <u>VAMSI RAM BOGGINENI</u>	Social Security No. <u>817-46-0891</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 . . . . .		4,333.
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. . . . .		4,333.

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

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

**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. . . . .		

# Underpayment of Estimated Tax by Individuals and Fiduciaries

2021

5805

Attach this form to the back of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return

SSN, ITIN, or FEIN

VAMSI RAM BOGGINENI

817460891

**IMPORTANT:** In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2020 or 2021 was less than \$500 (or less than \$250 if married/RDP filing a separate return).
- Your 2020 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments**, is at least 90% of the tax shown on your 2021 return or 100% of the tax shown on your 2020 return (110% if California adjusted gross income (AGI) was more than \$150,000 or \$75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than \$1,000,000 (or \$500,000 if married/RDP filing a separate return), must use the tax shown on their 2021 tax return if they do not meet one of the two conditions above.

**Part I Questions.** All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C .....1   Yes  No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 .....2   Yes  No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? .....3   Yes  No  
 N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/21  \$  ; 6/15/21  \$  ;  
9/15/21  \$  ; 1/15/22  \$  .

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E .....4   Yes  No

**Part II Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2021 tax after credits. See instructions . . . . .	1	2084	.00
2	Multiply line 1 by 90% (.90). . . . .	2	1876	.00
3	Withholding taxes. <b>Do not</b> include any estimated tax payments on this line. See instructions. . . . .	3	1178	.00
4	Subtract line 3 from line 1. If less than \$500 (or less than \$250 if married/RDP filing a separate return), stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805 . . . . .	4	906	.00
5	Enter the tax shown on your 2020 tax return. <b>See instructions.</b> (110% (1.10) of that amount if the adjusted gross income shown on that return is more than \$150,000, or if married/RDP filing a separate return for 2021, more than \$75,000). . . . .	5		.00
6	Required annual payment. Enter the <b>smaller</b> of line 2 or line 5. (If your California AGI is equal to or greater than \$1,000,000/\$500,000 for married/RDP filing a separate return, use line 2). . . . .	6	1876	.00

**Short Method**

**Caution:** See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II in the instructions (page 4).

7	Enter the amount, if any, from Part II, line 3 above . . . . .	7	1178	.00
8	Enter the total amount, if any, of estimated tax payments you made. . . . .	8		.00
9	Add line 7 and line 8 . . . . .	9	1178	.00
10	<b>Total underpayment for the year.</b> Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. <b>Do not</b> file form FTB 5805. . . . .	10	698	.00
11	Multiply line 10 by .02121370 . . . . .	11	15	.00
12	<ul style="list-style-type: none"><li>If the amount on line 10 was paid <b>on or after</b> 4/15/22, enter -0-.</li><li>If the amount on line 10 was paid <b>before</b> 4/15/22, enter the result of the following computation: Amount on line 10 X Number of days paid before 4/15/22 X .00008 . . . . .</li></ul>	12	0	.00
13	<b>PENALTY.</b> Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► . . . . .	13	15	.00



**Part III Annualized Income Installment Method Schedule.**

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2021 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

**Example A:** If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

**Example B:** If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, <b>do not</b> use the period ending dates shown to the right. Instead, use the following: 2/28/21, 4/30/21, 7/31/21, and 11/30/21. Fiscal year filers must adjust dates accordingly.	<b>(a)</b> 1/1/21 to 3/31/21	<b>(b)</b> 1/1/21 to 5/31/21	<b>(c)</b> 1/1/21 to 8/31/21	<b>(d)</b> 1/1/21 to 12/31/21
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<b>1</b> Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions . . . .	<b>1</b>				
<b>2</b> Annualization amounts. Estates or Trusts, see instructions . . . . .	<b>2</b>	4	2.4	1.5	1
<b>3</b> Annualized income. Multiply line 1 by line 2 . . . . .	<b>3</b>				
<b>4</b> Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9 . . . . .	<b>4</b>				
<b>5</b> Annualization amounts. . . . .	<b>5</b>	4	2.4	1.5	1
<b>6</b> Annualized itemized deductions. Multiply line 4 by line 5. See instructions . . . . .	<b>6</b>				
<b>7</b> Enter your standard deduction from your 2021 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions . . . .	<b>7</b>				
<b>8</b> Enter line 6 or line 7, whichever is <b>larger</b> . . . . .	<b>8</b>				
<b>9</b> Subtract line 8 from line 3 . . . . .	<b>9</b>				
<b>10</b> Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions. .	<b>10</b>				
<b>11</b> Enter the total amount of exemption credits from your 2021 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions . . . . .	<b>11</b>				
<b>12</b> Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions . . . .	<b>12</b>				
<b>13</b> Enter the total credit amount from your 2021 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions . . . . .	<b>13</b>				

**Part III Annualized Income Installment Method Schedule.** continued

	(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
<b>14 a</b> Subtract line 13 from line 12. If zero or less, enter -0- . . . . . <b>14a</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>b</b> Enter the alternative minimum tax and mental health tax. See instructions. . . . . <b>14b</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>c</b> Add line 14a and line 14b . . . . . <b>14c</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>d</b> Enter the excess SDI from Form 540, line 74 or Form 540NR, line 84 . . . . . <b>14d</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>e</b> Subtract line 14d from line 14c. If zero or less, enter -0- . . . . . <b>14e</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>15</b> Applicable percentage . . . . . <b>15</b>	27%	63%	63%	90%
<b>16</b> Multiply line 14e by line 15 . . . . . <b>16</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Complete Line 17 through Line 23 of each column before you go to the next column.**

<b>17</b> Enter the combined amounts shown on line 23 from all preceding columns. . . . . <b>17</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>18</b> Subtract line 17 from line 16. If zero or less, enter -0-. . . . . <b>18</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>19</b> Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c. . . . . <b>19</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>20</b> Enter the amount from line 22 from the preceding column . . . . . <b>20</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>21</b> Add line 19 and line 20 . . . . . <b>21</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>22</b> Subtract line 18 from line 21. If zero or less, enter -0-. . . . . <b>22</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>23</b> Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, line 1.				

(a) 1/1/21 to 3/31/21	(b) 1/1/21 to 5/31/21	(c) 1/1/21 to 8/31/21	(d) 1/1/21 to 12/31/21
<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

**If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.**