

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

SACHIN NEETRA POCHALA

Social security number

683-51-9806

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

1	Adjusted gross income	28,756.
2	Total tax	1,712.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	
4	Amount you want refunded to you	
5	Amount you owe	312.

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. 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 or 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. 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 ERO firm name to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.  I authorize \_\_\_\_\_ ERO firm name to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.

Enter five digits, but don't enter all zeros

1	9	8	0	6
---	---	---	---	---

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

*P. Sachin*

Date

04/06/2022

Spouse's PIN: check one box only

I authorize \_\_\_\_\_ ERO firm name to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.  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.

Enter five digits, but don't enter all zeros

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Spouse's signature

Date

Part III Certification and Authentication - Practitioner PIN Method Only

Practitioner PIN Method Returns Only—continue below

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 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: SACHIN NEERA  
 Last name: POCHALA  
 If joint return, spouse's first name and middle initial: Last name: Last name  
 Home address (number and street). If you have a P.O. box, see instructions. Apt. no.  
 1415 30TH STREET  
 City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code  
 SACRAMENTO CA 95816  
 Foreign country name Foreign province/state/county Foreign postal code  
 You  You  Spouse   
 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.

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): (1) First name Last name (2) Social security number (3) Relationship to you (4)  if qualifies for (see instructions): Credit for other dependents  
 If more than four dependents, see instructions, and check here ▶

Attach Sch. B if required.  
**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.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	38,105.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
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"/>		
8	Other income from Schedule 1, line 10		
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>		28,756.
10	Adjustments to income from Schedule 1, line 26		
11	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>		28,756.
12a	<b>Standard deduction or itemized deductions</b> (from Schedule A)	12a	12,550.
b	Charitable contributions if you take the standard deduction (see instructions)	12b	300.
c	Add lines 12a and 12b		
13	Qualified business income deduction from Form 8995 or Form 8995-A		
14	Add lines 12c and 13		12,850.
15	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0-		15,906.



**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ Attach to Form 1040, 1040-SR, or 1040-NR.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074  
**2021**  
Attachment  
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
SACHIN NEETRA POCHALTA  
Your social security number  
683-51-9806

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes	
2a	Alimony received	
b	Date of original divorce or separation agreement (see instructions) ▶	
3	Business income or (loss). Attach Schedule C	-14,349.
4	Other gains or (losses). Attach Form 4797	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
6	Farm income or (loss). Attach Schedule F	
7	Unemployment compensation	
8	Other income:	
a	Net operating loss	8a ( )
b	Gambling income	8b
c	Cancellation of debt	8c
d	Foreign earned income exclusion from Form 2555	8d ( )
e	Taxable Health Savings Account distribution	8e
f	Alaska Permanent Fund dividends	8f
g	Jury duty pay	8g
h	Prizes and awards	8h
i	Activity not engaged in for profit income	8i
j	Stock options	8j
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
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l
m	Section 951(a) inclusion (see instructions)	8m
n	Section 951A(a) inclusion (see instructions)	8n
o	Section 461(i) excess business loss adjustment	8o
p	Taxable distributions from an ABLE account (see instructions)	8p
z	Other income. List type and amount ▶ Taxable Grant from Form 1099-G	8z 5,000.
9	Total other income. Add lines 8a through 8z	5,000.
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	-9,349.

**Part II Adjustments to Income**

11	Educator expenses . . . . .	11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	12
13	Health savings account deduction. Attach Form 8889 . . . . .	13
14	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	14
15	Deductible part of self-employment tax. Attach Schedule SE . . . . .	15
16	Self-employed SEP, SIMPLE, and qualified plans . . . . .	16
17	Self-employed health insurance deduction . . . . .	17
18	Penalty on early withdrawal of savings . . . . .	18
19a	Alimony paid . . . . .	19a
b	Recipient's SSN . . . . .	
c	Date of original divorce or separation agreement (see instructions) ▶ . . . . .	
20	IRA deduction . . . . .	20
21	Student loan interest deduction . . . . .	21
22	Reserved for future use . . . . .	22
23	Archer MSA deduction . . . . .	23
24	Other adjustments:	
a	Jury duty pay (see instructions) . . . . .	24a
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	24b
c	Non-taxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	24c
d	Restoration amortization and expenses . . . . .	24d
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	24e
f	Contributions to section 501(c)(18)(D) pension plans . . . . .	24f
g	Contributions by certain chaplains to section 403(b) plans . . . . .	24g
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .	24h
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations . . . . .	24i
j	Housing deduction from Form 2555 . . . . .	24j
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .	24k
z	Other adjustments. List type and amount ▶ . . . . .	24z
25	Total other adjustments. Add lines 24a through 24z . . . . .	25
26	Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a . . . . .	26

**SCHEDULE C**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2021**  
Attachment  
Sequence No. 09

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Name of proprietor

SACHIN NETRA POCHALA

Principal business or profession, including product or service (see instructions)

TAXI & RIDESHARE SERVICES

Business name. If no separate business name, leave blank.

**D** Employer ID number (EIN) (see instr.)

**B** Enter code from instructions  
683-51-9806

**C** Business name, including suite or room no., street address, city, town or post office, state, and ZIP code  
1415 30TH STREET  
SACRAMENTO, CA 95816

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses  Yes  No

**H** If you started or acquired this business during 2021, check here  Yes  No

**I** Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions  Yes  No

**J** If "Yes," did you or will you file required Form(s) 1099?  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	21,515.
2	Returns and allowances	
3	Subtract line 2 from line 1	21,515.
4	Cost of goods sold (from line 42)	
5	Gross profit. Subtract line 4 from line 3	21,515.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	
7	Gross income. Add lines 5 and 6	21,515.

8	Advertising	8	
9	Car and truck expenses (see instructions)	9	11,842.
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depreciation	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest (see instructions)	16a	
17	Legal and professional services	17	
	Other	16b	2,430.
	Mortgage (paid to banks, etc.)	26	
	Wages (less employment credits)	25	
	Utilities	24b	2,400.
	Depreciable meals (see instructions)	24a	2,057.
	Travel	23	
	Travel and meals	22	
	Taxes and licenses	21	3,215.
	Supplies (not included in Part III)	20b	9,120.
	Repairs and maintenance	20a	
	Other business property	19	
	Vehicles, machinery, and equipment	18	
	Rent or lease (see instructions)	28	35,864.
	Office expense (see instructions)	29	-14,349.
	Pension and profit-sharing plans	30	
	Tentative profit or (loss). Subtract line 28 from line 7	31	-14,349.

**Part II Expenses.** Enter expenses for business use of your home only on line 30.

Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

**Simplified method filers only:** Enter the total square footage of (a) your home: \_\_\_\_\_ and (b) the part of your home used for business: \_\_\_\_\_.

Method Worksheet in the instructions to figure the amount to enter on line 30. Use the Simplified

30	
31	
32	

**32** If you have a loss, check the box that describes your investment in this activity. See instructions.  
• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.  
• If a loss, you **must** go to line 32.

**31** **Net profit or (loss).** Subtract line 30 from line 29.  
• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

Table with 2 columns: Line number and Description. Rows include: 35 Inventory at beginning of year, 36 Purchases less cost of items withdrawn for personal use, 37 Cost of labor, 38 Materials and supplies, 39 Other costs, 40 Add lines 35 through 39, 41 Inventory at end of year, 42 Cost of goods sold.

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/08/2020
44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for: a Business 21,147 b Commuting (see instructions) c Other 546

45 Was your vehicle available for personal use during off-duty hours? Yes [X] No
46 Do you (or your spouse) have another vehicle available for personal use? Yes [ ] No [X]
47a Do you have evidence to support your deduction? Yes [ ] No [X]
b If "Yes," is the evidence written? Yes [ ] No [ ]

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Table with 2 columns: Line number and Description. Row 48: Total other expenses. Enter here and on line 27a.

**Additional information from your 2021 Federal Tax Return**

**Schedule C (TAXI & RIDESHARE SERVICES): Profit or Loss from Business**

**Ln 24b: 50% limit**

Description	Amount
M&E (240D*\$20P.D) AS PER IRS PUB 1542	4,800.
<b>Total</b>	<b>4,800.</b>

Itemization Statement

**Schedule C (TAXI & RIDESHARE SERVICES): Profit or Loss from Business**

**Line 20b**

Description	Amount
RENT PAID (12M*760 P.M)	9,120.
<b>Total</b>	<b>9,120.</b>

Itemization Statement

**Schedule C (TAXI & RIDESHARE SERVICES): Profit or Loss from Business**

**Line 25**

Description	Amount
PHONE BILLS (12M*150 P.M)	1,800.
INTERNET BILLS (12M*250 P.M)	3,000.
<b>Total</b>	<b>4,800.</b>

Itemization Statement

**Schedule C (TAXI & RIDESHARE SERVICES): Profit or Loss from Business**

**Ln 16b: Other Interest**

Description	Amount
PARKING	1,200.
INCAR FOOD EXPENSES	1,230.
<b>Total</b>	<b>2,430.</b>

Itemization Statement



California e-file Signature Authorization for Individuals

Your name	SACHIN NETRA POCHALA
Spouses/RDP's name	683-51-9806
Your SSN or ITIN	Spouses/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	23,756.
2	Amount You Owe. See instructions	
3	Refund or No Amount Due. See instructions	168.

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. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agree with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the 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 acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC

ERO firm name

to enter my PIN

1	9	8	0	6
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Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date 04/06/22

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

I authorize

ERO firm name

to enter my PIN

--	--	--	--	--

Do not enter all zeros

as my signature on my 2021 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature

Date

Part III Certification and Authentication — Practitioner PIN Method Only

Practitioner PIN Method Returns Only -- continue below

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
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers.

ERO's signature

Date 04/07/2022

# California Nonresident or Part-Year Resident Income Tax Return

## 540NR

ATTACH FEDERAL RETURN APE

683-51-9806 POCH SACHINNETRA POCHALA 21 PBA 485300

1415 30TH STREET SACRAMENTO CA 95816

05-25-1993

### Filing Status

- 1  Single
- 2  Married/RDP filing jointly. See inst. 5
- 3  Head of household (with qualifying person). See instructions.
- 4  Qualifying widow(er). Enter year spouse/RDP died.
- 5  See instructions.

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

### 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. If you checked the box on line 6, see instructions.  7 X \$129 = \$129
  - 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8 X \$129 = \$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 = \$129
  - 10 **Dependents: Do not include yourself or your spouse/RDP.**
    - Dependent 1  First Name
    - Dependent 2  Last Name
    - Dependent 3  SSN. See instructions.
    - Dependent 4  Dependents' relationship to you
- Total dependent exemptions .....  10 X \$400 = \$

Whole dollars only

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506.  50

51 Credit for joint custody head of household. See instructions.  51

52 Credit for dependent parent. See instructions.  52

53 Credit for senior head of household. See instructions.  53

54 Credit percentage. Enter the amount from line 38 here. If more than 1,0000. See instructions.  54

55 Credit amount. See instructions.  55

CA Taxable Income

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

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1.  32

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5.  35

36 CA Tax Rate. Divide line 31 by line 19.  36

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36.  37

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1,0000.  38

39 CA Protected Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions.  39

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-.  40

41 Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A  41

42 Add line 40 and line 41.  42

Total Taxable Income

12 Total California wages from your federal Form(s) W-2, box 16.  12

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11.  13

14 California adjustments - subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B.  14

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

16 California adjustments - additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C.  16

17 Adjusted gross income from all sources. Combine line 15 and line 16. Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction. See instructions.  17

18 Part III, line 30; OR Your California standard deduction. See instructions.  18

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

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

Your name: POCHALA

Your SSN or ITIN: 683-51-9806

Special Credits continued

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

Other Taxes

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

Payments

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

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.   If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions.

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

Contributions

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

103	<input type="text" value="168"/>	Overpaid tax available this year. Subtract line 102 from line 101
104	<input type="text"/>	Tax due. If line 92 is less than line 75, subtract line 92 from line 75

Your name:  Your SSN or ITIN:



# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return

SACHIN NEPRA POCHALA

SSN or ITIN

683519806

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

- 1 My California (CA) Residency (Check one)
  - Myself:  Nonresident  Part-Year Resident  Resident
  - Spouse:  Nonresident  Part-Year Resident  Resident
- 2 a I was domiciled in (enter two letter code, see instructions)  F L  F L
- b I was in the military and stationed in (enter two letter code)  F L  F L
- 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move)  F L 1 0 / 0 1 / 2 0 2 1
- 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)  F L 1 0 / 0 1 / 2 0 2 1
- 5 I was a CA nonresident the entire year (enter state of residence)  F L 1 0 / 0 1 / 2 0 2 1
- 6 The number of days I spent in CA for any purpose was:  9 2
- 7 I owned a home/property in CA (enter Y for Yes, N for No)  N
- 8 Before 2021: I was a CA resident for the period of  / / - - / / - -

Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . .	<input type="radio"/> 38,105.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 38,105.	<input type="radio"/> 38,105.
2 Taxable interest. a <input type="radio"/> . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 RA distributions. See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income	from federal Schedule 1 (Form 1040)				
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . .	<input type="radio"/> -14,349.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> -14,349.	<input type="radio"/> -14,349.
4 Other gains or (losses) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . .	<input type="radio"/> 38,105.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 38,105.	<input type="radio"/> 38,105.
2 Taxable interest. a <input type="radio"/> . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 RA distributions. See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions. . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E	D	C	B	A	Section B — Additional Income Continued
CA Amounts (Income earned or received as a CA resident and income earned or received from CA sources as a nonresident)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	Additions See instructions (difference between CA & federal law)	Subtractions See instructions (difference between CA & federal law)	Federal Amounts (taxable amounts from your federal tax return)	<p><b>8 Other income:</b></p> <p><b>a</b> Federal net operating loss..... <input checked="" type="radio"/> 8a</p> <p><b>b</b> Gambling income..... <input checked="" type="radio"/> 8b</p> <p><b>c</b> Cancellation of debt..... <input checked="" type="radio"/> 8c</p> <p><b>d</b> Foreign earned income exclusion from federal Form 2555..... <input checked="" type="radio"/> 8d</p> <p><b>e</b> Taxable Health Savings Account distribution..... <input checked="" type="radio"/> 8e</p> <p><b>f</b> Alaska Permanent Fund dividends .. <input checked="" type="radio"/> 8f</p> <p><b>g</b> Jury duty pay..... <input checked="" type="radio"/> 8g</p> <p><b>h</b> Prizes and awards..... <input checked="" type="radio"/> 8h</p> <p><b>i</b> Activity not engaged in for profit income <input checked="" type="radio"/> 8i</p> <p><b>j</b> Stock options..... <input checked="" type="radio"/> 8j</p> <p><b>k</b> 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..... <input checked="" type="radio"/> 8k</p> <p><b>l</b> Olympic and Paralympic medals and USOC prize money..... <input checked="" type="radio"/> 8l</p> <p><b>m</b> IRC Section 951(a) inclusion..... <input checked="" type="radio"/> 8m</p> <p><b>n</b> IRC Section 951A(a) inclusion..... <input checked="" type="radio"/> 8n</p> <p><b>o</b> IRC Section 461(i) excess business loss adjustment..... <input checked="" type="radio"/> 8o</p> <p><b>p</b> Taxable distributions from an ABLE account..... <input checked="" type="radio"/> 8p</p> <p><b>z</b> Other income. List type and amount. <input checked="" type="radio"/> 8z</p> <p><b>9 a</b> Total other income. Add lines 8a through 8z..... <input checked="" type="radio"/> 9a</p> <p><b>b1</b> Disaster loss deduction from form FTB 3805V..... <input checked="" type="radio"/> 9b1</p> <p><b>b2</b> NOL deduction from form FTB 3805V..... <input checked="" type="radio"/> 9b2</p> <p><b>b3</b> NOL from form FTB 3805Z, FTB 3807, or FTB 3809..... <input checked="" type="radio"/> 9b3</p> <p><b>b4</b> Student loan discharged due to closure of a for-profit school..... <input checked="" type="radio"/> 9b4</p> <p><b>10 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..... <input checked="" type="radio"/> 10</p>
	23,756.			23,756.	



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

Federal Amounts (taxable amounts from your federal tax return)	Subtractions (See instructions CA & federal law)	Additions (See instructions 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)
A	B	C	D	E
11 Educator expenses.....				
12 Certain business expenses of reservists, performing artists, and fee-basis government officials.....				
13 Health savings account deduction.....				
14 Moving expenses. Attach form FTB 3913. See instructions.....				
15 Deductible part of self-employment tax. See instructions.....				
16 Self-employed SEP, SIMPLE, and qualified plans.....				
17 Self-employed health insurance deduction. See instructions.....				
18 Penalty on early withdrawal of savings.....				
19a Allimony paid. <b>b</b> Enter recipients: SSN <input type="text"/> Last name <input type="text"/>				
19b IRA deduction.....				
20 Student loan interest deduction.....				
21 Reserved for future use.....				
22 Archer MSA deduction.....				
23 Other adjustments:				
24a Jury duty pay.....				
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit.....				
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l				
d Reforestation amortization and expenses.....				
e Repayment of supplemental unemployment benefits under the Trade Act of 1974.....				
f Contributions to IRC Section 501(c)(18)(D) pension plans.....				
g Contributions by certain chaplains to IRC Section 403(b) plans.....				
h Attorney fees and court costs for discrimination claims.....				
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations.....				
j Housing deduction from federal Form 2555.....				
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041).....				
z Other adjustments. List type and amount.				

Section C — Adjustments to Income				
A	B	C	D	E
Federal amounts (taxable amounts from your federal tax return)	Subtractions (See instructions for difference between CA & federal law)	Additions (See instructions for 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				
26 Add line 11 through line 23 and line 25 in each column, A through E				
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions.			23,756.	23,756.
<b>Part III Adjustments to Federal Itemized Deductions</b>				
Check the box if you did NOT itemize for federal but will itemize for California <input checked="" type="checkbox"/>				
<b>A Federal Amounts (from federal Schedule A (Form 1040))</b>				
<b>B Subtractions</b> See instructions				
<b>C Additions</b> See instructions				
<b>Medical and Dental Expenses</b> See instructions.				
1 Medical and dental expenses				
2 Enter amount from federal Form 1040 or 1040-SR, line 11		28,756.		
3 Multiply line 2 by 7.5% (0.075)		2,157.		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.				
<b>Taxes You Paid</b>				
5a State and local income tax or general sales taxes		858.		858.
5b State and local real estate taxes				
5c State and local personal property taxes				
5d Add line 5a through line 5c		858.		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.				
5f Enter the amount from line 5a, column B in line 5e, column B		858.		
5g Enter the difference from line 5d and line 5e, column A in line 5e, column C			858.	0.
6 Other taxes. List type <input checked="" type="checkbox"/>				
7 Add line 5e and line 6		858.		858.
<b>Interest You Paid</b>				
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				
<b>Gifts to Charity</b>				
11 Gifts by cash or check				
12 Other than by cash or check				
13 Carryover from prior year				
14 Add line 11 through line 13				
<b>Casualty and Theft Losses</b>				
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.				
<b>Other Itemized Deductions</b>				
16 Other—From list in federal instructions				
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		858.		858.
18 Total. Combine line 17 column A less column B plus column C				0.

**Job Expenses and Certain Miscellaneous Deductions**

- 19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.
- 20 Tax preparation fees.
- 21 Other expenses - investment, safe deposit box, etc. List type
- 22 Add line 19 through line 21
- 23 Enter amount from federal Form 1040 or 1040-SR, line 11  28,756.
- 24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.
- 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.
- 26 Total Itemized Deductions. Add line 18 and line 25.
- 27 Other adjustments. See instructions. Specify.
- 28 Combine line 26 and line 27.

- 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.

- 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

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

**Part IV California Taxable Income**

- 1 California AGI. Enter your California AGI from Part II, line 27, column E.  23,756.
- 2 Enter your deductions from line 30.  4,803.
- 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-.  1.0000
- 4 California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3.  4,803.
- 5 California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-.  18,953.