

1	Wages, tips, other comp.	20526.53	2	Federal income tax withheld	89.07
3	Social security wages	20526.53	4	Social security tax withheld	1272.64
5	Medicare wages and tips	20526.53	6	Medicare tax withheld	297.63
d	Control number	000015	Dept.	KF/S74	Employer use only
			Corp.	A	12
c Employer's name, address, and ZIP code OHM SHREE SAI INVESTMENTS LLC 1415 30TH ST SACRAMENTO, CA 95816 6501					

b	Employer's FED ID number	82-1274013	a	Employee's SSA number	XXX-XX-9086
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a	See instructions for box 12	
14	Other	205.27 SDI	12b		
			12c		
			12d		
			13	Stat emp. Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SACHIN NETRA POCHALA 1001 BEETHOVEN COMMON FREMONT, CA 94538					

15	State Employer's state ID no.	CA 095-2805 0	16	State wages, tips, etc.	20526.53
17	State income tax	420.94	18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	
Federal Filing Copy W-2 Wage and Tax Statement 2020 OMB No. 1545-0008 Copy B to be filed with employee's Federal income tax Return.					

1	Wages, tips, other comp.	20526.53	2	Federal income tax withheld	89.07
3	Social security wages	20526.53	4	Social security tax withheld	1272.64
5	Medicare wages and tips	20526.53	6	Medicare tax withheld	297.63
d	Control number	000015	Dept.	KF/S74	Employer use only
			Corp.	A	12
c Employer's name, address, and ZIP code OHM SHREE SAI INVESTMENTS LLC 1415 30TH ST SACRAMENTO, CA 95816 6501					

b	Employer's FED ID number	82-1274013	a	Employee's SSA number	XXX-XX-9086
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a		
14	Other	205.27 CA SDI	12b		
			12c		
			12d		
			13	Stat emp. Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SACHIN NETRA POCHALA 1001 BEETHOVEN COMMON FREMONT, CA 94538					

15	State Employer's state ID no.	CA 095-2805 0	16	State wages, tips, etc.	20526.53
17	State income tax	420.94	18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	
CA State Reference Copy W-2 Wage and Tax Statement 2020 OMB No. 1545-0008 Copy 2 to be filed with employee's State income tax Return.					

1	Wages, tips, other comp.	20526.53	2	Federal income tax withheld	89.07
3	Social security wages	20526.53	4	Social security tax withheld	1272.64
5	Medicare wages and tips	20526.53	6	Medicare tax withheld	297.63
d	Control number	000015	Dept.	KF/S74	Employer use only
			Corp.	A	12
c Employer's name, address, and ZIP code OHM SHREE SAI INVESTMENTS LLC 1415 30TH ST SACRAMENTO, CA 95816 6501					

b	Employer's FED ID number	82-1274013	a	Employee's SSA number	XXX-XX-9086
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a		
14	Other	205.27 CA SDI	12b		
			12c		
			12d		
			13	Stat emp. Ret. plan	3rd party sick pay
e/f Employee's name, address and ZIP code SACHIN NETRA POCHALA 1001 BEETHOVEN COMMON FREMONT, CA 94538					

15	State Employer's state ID no.	CA 095-2805 0	16	State wages, tips, etc.	20526.53
17	State income tax	420.94	18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	
CA State Filing Copy W-2 Wage and Tax Statement 2020 OMB No. 1545-0008 Copy 2 to be filed with employee's State income tax Return.					

1	Wages, tips, other comp.	14639.76	2	Federal income tax withheld	531.94
3	Social security wages	14639.76	4	Social security tax withheld	907.67
5	Medicare wages and tips	14639.76	6	Medicare tax withheld	212.28
d	Control number	000016	Dept.	KF/UPB	2
c Employer's name, address, and ZIP code 458 FAIRGROUNDS DRIVE LLC 458 FAIRGROUNDS DRIVE VALLEJO, CA 94589					
b	Employer's FED ID number	83-3139837	a	Employee's SSA number	XXXX-XX-9806
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a	See instructions for box 12	
14	Other	14640 SDI	12b		
			12c		
			12d		
e/f Employee's name, address and ZIP code SACHIN N POCHALA 2000 WALNUT AVE APT 101 FREMONT, CA 94538					
15	State CA	Employer's state ID no. 109-3872 8	16	State wages, tips, etc.	14639.76
17	State income tax	89.35	18	Local wages, tips, etc.	
19	Local income tax	89.35	20	Locality name	

1	Wages, tips, other comp.	14639.76	2	Federal income tax withheld	531.94
3	Social security wages	14639.76	4	Social security tax withheld	907.67
5	Medicare wages and tips	14639.76	6	Medicare tax withheld	212.28
d	Control number	000016	Dept.	KF/UPB	2
c Employer's name, address, and ZIP code 458 FAIRGROUNDS DRIVE LLC 458 FAIRGROUNDS DRIVE VALLEJO, CA 94589					
b	Employer's FED ID number	83-3139837	a	Employee's SSA number	XXXX-XX-9806
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a	See instructions for box 12	
14	Other	14640 CA SDI	12b		
			12c		
			12d		
e/f Employee's name, address and ZIP code SACHIN N POCHALA 2000 WALNUT AVE APT 101 FREMONT, CA 94538					
15	State CA	Employer's state ID no. 109-3872 8	16	State wages, tips, etc.	14639.76
17	State income tax	89.35	18	Local wages, tips, etc.	
19	Local income tax	89.35	20	Locality name	

1	Wages, tips, other comp.	14639.76	2	Federal income tax withheld	531.94
3	Social security wages	14639.76	4	Social security tax withheld	907.67
5	Medicare wages and tips	14639.76	6	Medicare tax withheld	212.28
d	Control number	000016	Dept.	KF/UPB	2
c Employer's name, address, and ZIP code 458 FAIRGROUNDS DRIVE LLC 458 FAIRGROUNDS DRIVE VALLEJO, CA 94589					
b	Employer's FED ID number	83-3139837	a	Employee's SSA number	XXXX-XX-9806
7	Social security tips		8	Allocated tips	
9			10	Dependent care benefits	
11	Nonqualified plans		12a	See instructions for box 12	
14	Other	14640 CA SDI	12b		
			12c		
			12d		
e/f Employee's name, address and ZIP code SACHIN N POCHALA 2000 WALNUT AVE APT 101 FREMONT, CA 94538					
15	State CA	Employer's state ID no. 109-3872 8	16	State wages, tips, etc.	14639.76
17	State income tax	89.35	18	Local wages, tips, etc.	
19	Local income tax	89.35	20	Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement 2020
 Copy B to be filed with employee's Federal Income Tax Return. OMB No. 1545-0008

CA State Reference Copy
W-2 Wage and Tax Statement 2020
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

CA State Filing Copy
W-2 Wage and Tax Statement 2020
 Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0008

2020 Individual Income Tax Return
prepared for:

SACHIN NETRA POCHALA

1415 30TH ST

SACRAMENTO, CA 95816

TIDO FINANCIAL INC
9295 E STOCKTON BLVD. STE 20
ELK GROVE, CA 95624

TIDO FINANCIAL INC
9295 E STOCKTON BLVD. STE 20
ELK GROVE, CA 95624
(916) 716-5224
tido@tidofinancial.com

March 21, 2021

SACHIN NETRA POCHALA
1415 30TH ST
SACRAMENTO, CA 95816

Dear SACHIN NETRA,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2020. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.
Form 1040 Federal Individual Income Tax Return

The California income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.
Form 540 California Resident Income Tax Return

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts. If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

TIDO HOANG, E.A.

Tax Summary and Instructions for Filing
 2020 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	\$	35,167.00
Federal taxable income	\$	22,767.00
Payment due IRS	\$	115.00

Your return will be electronically filed.

Your balance due of \$115.00 will be automatically withdrawn from your checking account on March 22, 2021.

Tax Summary and Instructions for Filing
2020 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	\$	30,566.00
Payment due State	\$	767.00

Your California return will be electronically filed.

Your balance due of \$767.00 will be automatically withdrawn from your Checking Account on 03/22/2021.

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 NETRA		Last name POCHALTA	
If joint return, spouse's first name and middle initial		Last name POCHALTA	
Home address (number and street). If you have a P.O. box, see instructions. 1415 30TH ST SACRAMENTO CA 95816			
City, town, or post office. If you have a foreign address, also complete spaces below.		State CA	ZIP code 95816
Foreign country name		Foreign province/state/county	
Foreign postal code		Foreign postal code	
At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Standard Deduction <input type="checkbox"/> Someone can claim: <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent <input type="checkbox"/> Spouse itemizes on a separate return or you were a dual-status alien			

Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind

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

1	Wages, salaries, tips, etc. Attach Form(s) W-2	2a	Tax-exempt interest	3a	Qualified dividends	4a	IRA distributions	5a	Pensions and annuities	6a	Social security benefits
2a		2b	Taxable interest	3b	Ordinary dividends	4b	Taxable amount	5b	Taxable amount	6b	Taxable amount

Capital gain or (loss). Attach Schedule D if required. If not required, check here

Other income from Schedule 1, line 9.

Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

Adjustments to income:
 From Schedule 1, line 22
 Charitable contributions if you take the standard deduction. See instructions
 Add lines 10a and 10b. These are your total adjustments to income

Subtract line 10c from line 9. This is your adjusted gross income

Standard deduction or itemized deductions (from Schedule A) **Standard deduction** (from Schedule A)
 Attach Form 8995 or Form 8995-A

Qualified business income deduction. Attach Form 8995 or Form 8995-A

Add lines 12 and 13

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

1	35,167.	2b		3b		4b		5b		6b	
2a		2b		3b		4b		5b		6b	
7		7		8		9	35,167.	10c		11	35,167.
11		11		12	12,400.	13		14	12,400.	15	22,767.

Standard Deduction for—
 • Single or married filing separately, \$12,400
 • Married filing jointly or widow(er), \$24,800
 • Head of household, \$18,650
 • If you checked any box under **Standard Deduction**, see instructions.

Attach Sch. B if required.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

APR

DO NOT ATTACH FEDERAL RETURN

683-51-9806 POCH SACHINNETRA POCHALA

20

1415 30TH ST SACRAMENTO CA 95816

05-25-1993

Enter your county at time of filing (see instructions)

SACRAMENTO

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

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

[] [] Apt. no./ste. no.

City

[] [] [] State ZIP code

Principal Residence

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.

[]

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

[] []

Filing Status

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

[]

Exemptions

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

[] X \$124 =

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

[] X \$124 =

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

[] X \$124 =

Special Credits

44 Enter credit name code and amount ● 44

43 Enter credit name code and amount ● 43

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

Tax

35 Add line 33 and line 34. 587 ● 35

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

33 Subtract line 32 from line 31. If less than zero, enter -0-. 587 ● 33

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. FTB 3800 ● FTB 3803 711 ● 31

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

Taxable Income

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-. 30566 ● 19

18 Enter the larger of } Your California itemized deductions from Schedule CA (540), Part II, line 30; OR }
 • Single or Married/RDP filing separately. \$4,601
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. 4601 ● 18

17 California adjusted gross income. Combine line 15 and line 16. 35167 ● 17

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. 35167 ● 15

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. 35167 ● 13

12 State wages from your federal Form(s) W-2, box 16. 35167 ● 12

Exemptions

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 124 ● 11 \$

Total dependent exemptions. X \$383 = ● 10

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"/>

Your name: POCHALA

Your SSN or ITIN: 683-51-9806

Overpaid Tax/Tax Due

REV 03/16/21 PRO

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3103204

Form 540 2020 Side 3

ISR Penalty

Individual Shared Responsibility (ISR) Penalty. See instructions. Full-year health care coverage.

92 750 .00

Use Tax

Use Tax. Do not leave blank. See instructions. No use tax is owed. You paid your use tax obligation directly to CDTPA.

91 0 .00

Payments

- 71 California income tax withheld. See instructions. ● 71 510 .00
- 72 2020 CA estimated tax and other payments. See instructions. ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions. ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions. ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions. ● 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions. ● 77 .00
- 78 Add line 71 through line 77. These are your total payments. ● 78 510 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540). ● 61 .00
- 62 Mental Health Services Tax. See instructions. ● 62 .00
- 63 Other taxes and credit recapture. See instructions. ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax. ● 65 527 .00

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions. ● 46 60 .00
- 47 Add line 40 through line 46. These are your total credits. ● 47 60 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0-. ● 48 527 .00

Your name: POCHALA

Your SSN or ITIN: 683-51-9806

683-51-9806

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. ● 93 510 .00

94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91. ● 94 .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 240 .00

Contributions

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

97	<input type="text"/>	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.
98	<input type="text"/>	Amount of line 97 you want applied to your 2021 estimated tax.
99	<input type="text"/>	Overpaid tax available this year. Subtract line 98 from line 97.
100	<input type="text" value="527"/>	Tax due. If line 95 is less than line 65, subtract line 95 from line 65.

Overpaid Tax/Tax Due

Your name:

Your SSN or ITIN:

Sign Here

It is unlawful to forge a spouse's/RDP's signature. Joint tax return? (See instructions)

TIDO HOANG
 Print Third Party Designee's Name

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

9295 E STOCKTON BLVD, STE 20 ELK GROVE CA 95624
 Firm's address

TIDO FINANCIAL INC
 Firm's name (or yours, if self-employed)

TIDO HOANG, E. A.
 Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

7073349384
 Preferred phone number

Your email address. Enter only one email address.
 Date

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

Your signature
 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.
 To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

Refund and Direct Deposit

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

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

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
 See instructions. Have you verified the routing and account numbers? Use whole dollars only.
 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.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. ● 115 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.

114 Total amount due. See instructions. Enclose, but do not staple, any payment. ● 114 767 .00

Check the box: FTB 5805 attached FTB 5805F attached ● 113 .00

112 Interest, late return penalties, and late payment penalties ● 112 .00

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Pay Online - Go to ftb.ca.gov/pay for more information. ● 111 767 .00

Interest and Penalties Amount You Owe

Your name: POCHALA

Your SSN or ITIN: 683-51-9806

Health Coverage Exemptions and Individual Shared Responsibility Penalty

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.
Name(s) as shown on your California tax return

SACHIN NETRA POCHALA

SSN or ITIN

683-51-9806

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name SACHIN NETRA	Initial <input type="radio"/>	SSN 683-51-9806	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy) 05/25/1993	Modified AGI 35,167.
---	----------------------------	----------------------------------	--------------------	-------------------------	--	-------------------------

2	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
3	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
4	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
5	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
6	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
7	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
8	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
9	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
10	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
11	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI
12	First Name	Initial	SSN	ECN 1 ECN 2 ECN 3	Date of Birth (mm/dd/yyyy)	Modified AGI

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.

REV 03/16/21 PRO

For Privacy Notice, get FTB 1131 ENG/SP.

175

8661204

FTB 3853 (NEW 2020) Side 1

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2020

California e-file Payment Record for Individuals

8455

FORM

Your name

SACHIN NEERA POCHALA

Spouses/RDP's name

683-51-9806

Spouses/RDP's SSN or ITIN

Your SSN or ITIN

Part I Tax Return Information (Whole Dollars Only)

- 1 California Adjusted Gross Income. (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32) 1 35,167.
- 2 Amount You Owe. (Form 540, line 111; Form 540 2EZ, line 35; Form 540NR, line 121; or Schedule X, line 7) 2 767.

Part II Return Payment Information for Taxable Year 2020 (Payment due 4/15/2021)

3 Electronic Funds Withdrawal Amount 767.

4 Withdrawal Date (mm/dd/yyyy) 03/22/2021

Part III Scheduled Estimated Tax Payments for Taxable Year 2021. These are NOT installments of the current amount you owe.

5 Amount	6 Withdrawal Date
First Payment Due 4/15/2021	
Second Payment Due 6/15/2021	
Third Payment Due 9/15/2021	
Fourth Payment Due 1/15/2022	

Part IV Banking Information for Electronic Funds Withdrawals from Parts II and III

- 7 Routing number 121042882
- 8 Account number 5212014624
- 9 Type of account: Checking Savings

General Information

Form FTB 8455, California e-file Payment Record for Individuals, is a summary of electronic funds withdrawals that you have authorized with your 2020 e-file tax return as part of your California e-file Signature Authorization for Individuals (form FTB 8879). You are to receive a copy of form FTB 8455 or a comparable form at the time you sign form FTB 8879. Form FTB 8455 does not serve as proof of filing or proof of payment. Your proof of filing is the acknowledgment containing the date we accepted your tax return. Your proof of payment is your banking records. Be sure the banking information is correct before transmitting your tax return. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, we will send you a notice that may include penalties and interest. To cancel your tax return payment or an estimated tax payment, you must call FTB e-Programs Customer Service at 916.845.0353 at least two working days before the scheduled date of the payment.

If you cancel a payment, you are still liable for any amount you owe. Make your payments by the due dates above to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

KEEP THIS FORM FOR YOUR RECORDS - DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)