Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
SRIKANTH VARMA PENMETSA	775-79-6836
Spouse's name	Spouse's social security number

Part I	**Tax Return Information — Tax Year Ending December 31,** 2020 **(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	**1**	37,700.
2	Total tax	**2**	2,842.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	4,232.
4	Amount you want refunded to you	**4**	3,190.
5	Amount you owe	**5**	

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

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

Taxpayer's PIN: check one box only

☒ I authorize GLOBAL TAXES LLC to enter or generate my PIN | 9 6 8 3 6 | as my
ERO firm name | Enter five digits, but don't enter all zeros |

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.

Your signature ▶ _____ Date ▶ 03/08/2022

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN | | as my
ERO firm name | Enter five digits, but don't enter all zeros |

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.

Spouse's signature ▶ _____ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III	**Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 8 7 2 7 8 6 1 9 8 9 |

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶

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

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA** REV 08/30/21 PRO Form **8879** (Rev. 01-2021)

Form 1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020 OMB No. 1545-0074 | IRS Use Only—Do not write or staple in this space.

Filing Status — Check only one box.

[X] Single [ ] Married filing jointly [ ] Married filing separately (MFS) [ ] Head of household (HOH) [ ] Qualifying widow(er) (QW)

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	Last name	Your social security number
SRIKANTH VARMA	PENMETSA	775-79-6836
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
7101 SUMNER ST — Apt. no. 3

City, town, or post office. If you have a foreign address, also complete spaces below.
THE COLONY — State TX — ZIP code 75056

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
[ ] You [ ] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [X] Yes [ ] No

Standard Deduction

Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent

[ ] 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
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

Attach Sch. B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	**1**	37,635.
2a	Tax-exempt interest . . . **2a**	b Taxable interest . . . **2b**	
3a	Qualified dividends . . . **3a**	b Ordinary dividends . . . **3b**	
4a	IRA distributions . . . **4a**	b Taxable amount . . . **4b**	
5a	Pensions and annuities . . **5a**	b Taxable amount . . . **5b**	
6a	Social security benefits . . **6a**	b Taxable amount . . . **6b**	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]	**7**	365.
8	Other income from Schedule 1, line 9	**8**	
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** ▶	**9**	38,000.
10	Adjustments to income:		
a	From Schedule 1, line 22 . . . **10a**		
b	Charitable contributions if you take the standard deduction. See instructions **10b**	300.	
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶	**10c**	300.
11	Subtract line 10c from line 9. This is your **adjusted gross income** ▶	**11**	37,700.
12	**Standard deduction or itemized deductions** (from Schedule A)	**12**	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	**13**	
14	Add lines 12 and 13	**14**	12,400.
15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0-	**15**	25,300.

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

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

Form **1040** (2020)

16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____		**16**	2,842.
17	Amount from Schedule 2, line 3		**17**	
18	Add lines 16 and 17		**18**	2,842.
19	Child tax credit or credit for other dependents		**19**	
20	Amount from Schedule 3, line 7		**20**	
21	Add lines 19 and 20		**21**	
22	Subtract line 21 from line 18. If zero or less, enter -0-		**22**	2,842.
23	Other taxes, including self-employment tax, from Schedule 2, line 10		**23**	0.
24	Add lines 22 and 23. This is your **total tax** ▶		**24**	2,842.
25	Federal income tax withheld from:			
a	Form(s) W-2	**25a** 4,232.		
b	Form(s) 1099	**25b**		
c	Other forms (see instructions)	**25c**		
d	Add lines 25a through 25c		**25d**	4,232.
26	2020 estimated tax payments and amount applied from 2019 return		**26**	
27	Earned income credit (EIC) No	**27**		
28	Additional child tax credit. Attach Schedule 8812	**28**		
29	American opportunity credit from Form 8863, line 8	**29**		
30	Recovery rebate credit. See instructions	**30** 1,800.		
31	Amount from Schedule 3, line 13	**31**		
32	Add lines 27 through 31. These are your **total other payments and refundable credits** ▶		**32**	1,800.
33	Add lines 25d, 26, and 32. These are your **total payments** ▶		**33**	6,032.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund	**34**	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	**34**	3,190.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐	**35a**	3,190.
Direct deposit? See instructions.	▶ **b**	Routing number 0 7 4 0 0 0 0 1 0 ▶ **c** Type: ☒ Checking ☐ Savings		
	▶ **d**	Account number 1 0 5 8 7 9 7 1 9		
	36	Amount of line 34 you want **applied to your 2021 estimated tax** ▶	**36**	

Amount You Owe For details on how to pay, see instructions.	**37**	Subtract line 33 from line 24. This is the **amount you owe now** ▶	**37**	
		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	38	Estimated tax penalty (see instructions) ▶	**38**	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ▶ ☐ **Yes.** Complete below. ☒ **No**		
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶
		CLOUD ENGINEER III	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (469)866-5699   Email address SVPEN15@GMAIL.COM

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	03/09/2022	P02082703	☐ Self-employed
	Firm's name ▶ GLOBAL TAXES LLC			Phone no. (678) 965-9522	
	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Firm's EIN ▶ 30-1017196	

Go to *www.irs.gov/Form1040* for instructions and the latest information.   **BAA**   REV 08/30/21 PRO   Form **1040** (2020)

Capital Gains and Losses

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

20**20**

Attachment
Sequence No. **12**

Name(s) shown on return	Your social security number
SRIKANTH VARMA PENMETSA	775-79-6836

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked	750.	386.	1.	365.
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . .	**4**	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6** ( )	
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	365.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked.				

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13 Capital gain distributions. See the instructions	**13**	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14** ( )	
15 **Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	

For Paperwork Reduction Act Notice, see your tax return instructions.   BAA   REV 08/30/21 PRO   **Schedule D (Form 1040) 2020**

Part III Summary

16	Combine lines 7 and 15 and enter the result	**16** 365.

> • If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.
>
> • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.
>
> • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.

17 Are lines 15 and 16 **both** gains?
☐ **Yes.** Go to line 18.
☒ **No.** Skip lines 18 through 21, and go to line 22.

18 If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . ▶ **18**

19 If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . ▶ **19**

20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?
☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16. **Don't** complete lines 21 and 22 below.

☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of:

• The loss on line 16; or
• ($3,000), or if married filing separately, ($1,500) . . . . **21** ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?

☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Forms 1040 and 1040-SR, line 16.

☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to *www.irs.gov/Form8949* for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2020

Attachment
Sequence No. **12A**

Name(s) shown on return	Social security number or taxpayer identification number
SRIKANTH VARMA PENMETSA	775-79-6836

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I | **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. **Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
ACORNS SECURITIES LLC	05/05/20	12/12/20	293.	282.	W	1.	12.
Robinhood Securities LLC	05/05/20	12/12/20	457.	104.			353.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶			750.	386.		1.	365.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. **BAA** | REV 08/30/21 PRO | Form **8949** (2020)

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR		FORM
2020	**California e-file Signature Authorization for Individuals**	**8879**

Your name	Your SSN or ITIN
SRIKANTH VARMA PENMETSA	775-79-6836
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I   Tax Return Information (whole dollars only)

1 California Adjusted Gross Income (AGI). See instructions ....**1**   23,075.

2 Amount You Owe. See instructions **2**

3 Refund or No Amount Due. See instructions ....**3**   1,015.

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, 2020, 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 or individual tax identification number) 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 agrees 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/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 _____ to enter my PIN | 9 | 6 | 8 | 3 | 6 |
ERO firm name   **Do not enter all zeros**

as my signature on my 2020 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

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

☐ I authorize _____ to enter my PIN | | | | | |
ERO firm name   **Do not enter all zeros**

as my signature on my 2020 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III   Certification and Authentication — Practitioner PIN Method Only

ERO's 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 2020 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, 2020 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ 03/09/2022

REV 05/29/21 PRO   FTB 8879 2020

APE   ATTACH FEDERAL RETURN

775-79-6836   PENM   20
SRIKANTHVAR   PENMETSA

7101 SUMNER ST   APT   3
THE COLONY   TX   75056

10-15-1994

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

Filing Status

1 ☒ Single

2 ☐ Married/RDP filing jointly. See inst.

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

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

5 ☐ Qualifying widow(er). Enter year spouse/RDP died. ☐

See instructions.

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

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

Whole dollars only

Exemptions

7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you
checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● **7** | 1 | X $124 = ● $ | 124

8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
if both are visually impaired, enter 2 . . . . ● **8** ☐ X $124 = ● $

9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1;
if both are 65 or older, enter 2 . . . . ● **9** ☐ X $124 = ● $

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

	Dependent 1	Dependent 2	Dependent 3
First Name ◉			
Last Name ◉			
SSN. See instructions. ●			
Dependent's relationship to you ◉			

Total dependent exemptions . . . . ● **10** ☐ X $383 = ● $

Your name: PENMETSA   Your SSN or ITIN: 775-79-6836

11 Exemption amount: Add line 7 through line 10 . . . . ● **11** $ 124

Total Taxable Income

12 Total California wages from your federal
Form(s) W-2, box 16 . . . . ● **12** 23075 .00

13 Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 . . . . ⊙ **13** 37700 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR),
Part II, line 23, column B . . . . ● **14** .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.
See instructions . . . . **15** 37700 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II,
line 23, column C . . . . ● **16** 300 .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 . . . . ● **17** 38000 .00

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR),
Part III, line 30; **OR** Your California **standard deduction**. See instructions . . . . ● **18** 4601 .00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero,
enter -0- . . . . ⊙ **19** 33399 .00

CA Taxable Income

31 Tax. Check the box if from: ☒ Tax Table   ☐ Tax Rate Schedule
● ☐ FTB 3800   ● ☐ FTB 3803 . . . . ● **31** 823 .00

32 CA adjusted gross income from Schedule CA
(540NR), Part IV, line 1. . . . . ● **32** 23075 .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 . . . . ● **35** 20281 .00

36 CA Tax Rate. Divide line 31 by line 19 . . . . ⊙ **36** 0.0246

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 . . . . ⊙ **37** 499 .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19.
If more than 1, enter 1.0000 . . . . ⊙ **38** 0.6072

39 CA Prorated Exemption Credits. Multiply line 11 by line 38.
If the amount on line 13 is more than $203,341, see instructions . . . . ⊙ **39** 75 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-. . . ⊙ **40** 424 .00

41 Tax. See instructions. Check the box if from: ● ☐ Schedule G-1   ● ☐ FTB 5870A ● **41** .00

42 Add line 40 and line 41 . . . . ● **42** 424 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions.
Attach form FTB 3506 . . . . ● **50** .00

51 Credit for joint custody head of household.
See instructions . . . . ● **51** .00

52 Credit for dependent parent. See instructions . . . . ● **52** .00

53 Credit for senior head of household.
See instructions. . . . . ● **53** .00

54 Credit percentage. Enter the amount from line 38 here.
If more than 1, enter 1.0000. See instructions . . . . ⊙ **54**

55 Credit amount. See instructions . . . . ● **55** .00

Your name: PENMETSA   Your SSN or ITIN: 775-79-6836

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	424	.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	424	.00

Payments

81	California income tax withheld. See instructions .... ● 81	1439	.00
82	2020 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 VPDI) 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	1439	.00

ISR Penalty

91	Individual Shared Responsibility (ISR) Penalty. See instructions....... ● 91	0	.00
	● [ ] Full-year health care coverage.		

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	1439	.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	1015	.00
102	Amount of line 101 you want applied to your **2021** estimated tax..................... ● 102	0	.00

Your name: PENMETSA   Your SSN or ITIN: 775-79-6836

◼

103 Overpaid tax available this year. Subtract line 102 from line 101 . . . . ● **103** 1015 .00

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

			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 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
120	Add code 400 through code 444. This is your total contribution	●	**120**	.00

Contributions

Your name: PENMETSA   Your SSN or ITIN: 775-79-6836

■

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**

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** [1015] **.00**

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.

See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number   ● Type [×] Checking   ● Account number   ● **126** Direct deposit amount

[074000010]   [ ] Savings   [105879719]   [1015] **.00**

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

[   ]   [ ] Savings   [   ]   [   ] **.00**

IMPORTANT: Attach a copy of your complete federal return.

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

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? (See instructions)

◉ Your email address. Enter only one email address.   ◉ Preferred phone number

[   ]   [4698665699]

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

[SYAM PRIYA RAM SAGAR GUPTA TALLAM]

Firm's name (or yours, if self-employed)   ● PTIN

[GLOBAL TAXES LLC]   [P02082703]

Firm's address   ● Firm's FEIN

[2530 PEBBLE CREEK LN CUMMING GA 30041]   [301017196]

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

[   ]   [   ]

■   175   3135204   REV 05/29/21 PRO   Form 540NR 2020 **Side 5**

California Adjustments — Nonresidents or Part-Year Residents

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

Name(s) as shown on tax return
SRIKANTH VARMA PENMETSA

SSN or ITIN
775796836

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.

During 2020:

1 My California (CA) Residency (Check one)
  a Myself: ⊙ ☒ Nonresident ⊙ ___ Part-Year Resident ⊙ ___ Resident   **b** Spouse: ⊙ ___ Nonresident ⊙ ___ Part-Year Resident ⊙ ___ Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . ⊙	T X	⊙ __ __
b I was in the military and stationed in (enter two letter code). . . . . ⊙	__ __	⊙ __ __
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . . ⊙ __ __ __ __/__ __/__ __ __ __		⊙ __ __ __ __/__ __/__ __ __ __
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . ⊙ __ __ __ __/__ __/__ __ __ __		⊙ __ __ __ __/__ __/__ __ __ __
5 I was a CA nonresident the entire year (enter state of residence) . . . . ⊙	T X	⊙ __ __
6 The number of days I spent in CA for any purpose was: . . . . ⊙	__ __ __ __	⊙ __ __ __ __
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . ⊙	N	⊙ __
8 Before 2020: I was a CA resident for the period of . . . . ⊙ __ __/__ __/__ __ __ __ –		⊙ __ __/__ __/__ __ __ __ –
	⊙ __ __/__ __/__ __ __ __	⊙ __ __/__ __/__ __ __ __

Part II Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR	A **Federal Amounts** (taxable amounts from your federal tax return)	B **Subtractions** See instructions (difference between CA & federal law)	C **Additions** See instructions (difference between CA & federal law)	D **Total Amounts** **Using CA Law** **As If You Were a** **CA Resident** (subtract col. B from col. A; add col. C to the result)	E **CA Amounts** (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. **1**	⊙ 37,635.	⊙	⊙	⊙ 37,635.	⊙ 23,075.
2 Taxable interest. **a** ⊙ _____ . . **2b**	⊙	⊙	⊙	⊙	⊙
3 Ordinary dividends. See instructions. **a** ⊙ _____ **3b**	⊙	⊙	⊙	⊙	⊙
4 IRA distributions. See instructions. **a** ⊙ _____ **4b**	⊙	⊙	⊙	⊙	⊙
5 Pensions and annuities. See instructions. **a** ⊙ _____ . . . **5b**	⊙	⊙	⊙	⊙	⊙
6 Social security benefits. **a** ⊙ _____ **6b**	⊙	⊙			⊙
7 Capital gain or (loss). See instructions . . . **7**	⊙ 365.	⊙	⊙	⊙ 365.	⊙ 0.
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. **1**	⊙	⊙			
2a Alimony received. See instructions. **2a**	⊙		⊙	⊙	⊙
3 Business income or (loss). See instructions. . **3**	⊙	⊙	⊙	⊙	⊙
4 Other gains or (losses) **4**	⊙	⊙	⊙	⊙	⊙
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc **5**	⊙	⊙	⊙	⊙	⊙

Section B — Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
6 Farm income or (loss) **6**	⊙	⊙	⊙	⊙	⊙
7 Unemployment compensation **7**	⊙	⊙			
8 Other income.					
a California lottery winnings		a ⊙	a		
b Disaster loss deduction from FTB 3805V		b ⊙	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		c	c ⊙		
d NOL deduction from FTB 3805V. **8**	⊙	d ⊙	d	8 ⊙	8 ⊙
e NOL from FTB 3805Z, FTB 3807, or FTB 3809		e ⊙	e		
f Other (describe): ⊙_____ _____		f ⊙	f ⊙		
g Student loan discharged due to closure of a for-profit school		g ⊙	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C **9**	⊙ 38,000.	⊙	⊙	⊙ 38,000.	⊙ 23,075.

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
10 Educator expenses. **10**	⊙	⊙			
11 Certain business expenses of reservists, performing artists, and fee-basis government officials **11**	⊙	⊙	⊙	⊙	⊙
12 Health savings account deduction **12**	⊙	⊙			
13 Moving expenses. Attach federal Form 3903. See instructions **13**	⊙		⊙	⊙	⊙
14 Deductible part of self-employment tax. . See instructions. **14**	⊙	⊙		⊙	⊙
15 Self-employed SEP, SIMPLE, and qualified plans **15**	⊙			⊙	⊙
16 Self-employed health insurance deduction. See instructions. **16**	⊙	⊙		⊙	⊙
17 Penalty on early withdrawal of savings . . . **17**	⊙			⊙	⊙
18a Alimony paid. **b** Enter recipient's: SSN ⊙ __ __ __ – __ __ – __ __ __ __ Last name ⊙_____ **18a**	⊙		⊙	⊙	⊙
19 IRA deduction **19**	⊙			⊙	⊙
20 Student loan interest deduction **20**	⊙		⊙	⊙	⊙
21 Tuition and fees **21**	⊙	⊙			
22 Add line 10 through line 21 in each column, A through E . . . . CHARITABLE CONTRIBUTIONS **22**	⊙ 300.	⊙ 300.	⊙	⊙ 0.	⊙
23 Total. Subtract line 22 from line 9 in each column, A through E. See instructions. . . . **23**	⊙ 37,700.	⊙ −300.	⊙	⊙ 38,000.	⊙ 23,075.

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . ⊙ ☐

		A Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Medical and Dental Expenses See instructions.				
1	Medical and dental expenses . . . . ⊙ **1**			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 . . ⊙ 37,700. **2**			
3	Multiply line 2 by 7.5% (0.075) . . . . ⊙ 2,828. **3**			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . **4**	⊙		⊙
Taxes You Paid				
5a	State and local income tax or general sales taxes. **5a**	⊙ 1,670.	⊙ 1,670.	
5b	State and local real estate taxes **5b**	⊙		
5c	State and local personal property taxes **5c**	⊙		
5d	Add line 5a through line 5c. **5d**	⊙ 1,670.		
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 **5e**	⊙ 1,670.	⊙ 1,670.	⊙ 0.
6	Other taxes. List type ⊙ _____ **6**	⊙	⊙	⊙
7	Add line 5e and line 6 . . . . **7**	⊙ 1,670.	⊙ 1,670.	⊙ 0.
Interest You Paid				
8a	Home mortgage interest and points reported to you on federal Form 1098 . . . . **8a**	⊙		⊙
8b	Home mortgage interest not reported to you on federal Form 1098. . . . . **8b**	⊙		⊙
8c	Points not reported to you on federal Form 1098. . . . . **8c**	⊙		⊙
8d	Mortgage insurance premiums. **8d**	⊙	⊙	
8e	Add line 8a through line 8d. **8e**	⊙	⊙	⊙
9	Investment interest. **9**	⊙	⊙	⊙
10	Add line 8e and line 9 . . . . **10**	⊙	⊙	⊙
Gifts to Charity				
11	Gifts by cash or check **11**	⊙	⊙	⊙
12	Other than by cash or check. **12**	⊙	⊙	⊙
13	Carryover from prior year. **13**	⊙	⊙	⊙
14	Add line 11 through line 13 . . . . **14**	⊙	⊙	⊙
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions **15**	⊙	⊙	⊙
Other Itemized Deductions				
16	Other—from list in federal instructions **16**	⊙	⊙	⊙
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17**	⊙ 1,670.	⊙ 1,670.	⊙ 0.

18 Total. Combine line 17 column A less column B plus column C . . . . ⊙**18** | 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. . . . . ⊙ **19** [   ]

20 Tax preparation fees. . . . . ⊙ **20** [   ]

21 Other expenses- investment, safe deposit box, etc. List type ⊙ _____ ⊙ **21** [0.]

22 Add line 19 through line 21 . . . . ⊙ **22** [0.]

23 Enter amount from federal Form 1040 or 1040-SR, line 11 ⊙ _____37,700._____

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . ⊙ **24** [754.]

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . ⊙ **25** [0.]

26 **Total Itemized Deductions.** Add line 18 and line 25. . . . . ⊙ **26** [0.]

27 Other adjustments. See instructions. Specify. ⊙ _____ . . . . ⊙ **27** [   ]

28 Combine line 26 and line 27. . . . . ⊙ **28** [0.]

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 **$203,341**

        Head of household **$305,016**

        Married/RDP filing jointly or qualifying widow(er) **$406,687**

    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** [0.]

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**

        Single or married/RDP filing separately. See instructions. **$4,601**

        Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . . **$9,202** . . . . ⊙ **30** [4,601.]

Part IV **California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 23, column E . . . . ⊙ **1** _____23,075.

2 Enter your deductions from line 30 . . . . ⊙ **2** _____4,601.

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, 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** __0__. 6 0 7 2

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 . . . . ⊙ **4** _____2,794.

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** _____20,281.

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	SSN or ITIN
SRIKANTH VARMA PENMETSA	775-79-6836

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.

#	First Name / Last Name	Initial	SSN / ECN 1	Date of Birth (mm/dd/yyyy) / ECN 2	Modified AGI / ECN 3
1	⦿ SRIKANTH VARMA ⦿ PENMETSA	⦿	⦿ 775-79-6836 ⦿ (ECN 1)	⦿ 10/15/1994 ⦿ (ECN 2)	⦿ 38,000. ⦿ (ECN 3)
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

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. . . . . ⦿ ☐

Your Name: SRIKANTH VARMA PENMETSA   Your SSN or ITIN: 775-79-6836

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

		(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name ◉ SRIKANTH VARMA / Initial ◉	◉ E	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉ PENMETSA		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
2	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
3	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
4	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
5	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
6	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
7	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
8	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
9	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
10	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
11	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
12	First Name ◉ / Initial ◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉
	Last Name ◉		◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉	◉

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.
See instructions . . . . ● **1.** _____ 0.