

Mohit's 2020 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Audit Defense Policy

Defense code: CQKS-RHOI-2020

Thanks for filing with Credit Karma Tax! We hope you won't need these instructions. But if you do get audited on your 2020 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
 - Make the call **within 30 days** of hearing from the IRS or the state.
 - If you'd prefer to have them call you, send an email to: cases@taxprotectionplus.com.
 - Make the subject line: Audit Defense Redemption.
 - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
 - Your Defense code: **CQKS-RHOI-2020**
 - The tax return year: 2020
 - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2021 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Credit Karma Tax dashboard.

Your Tax Year 2019 audit defense (Code = CQX6-A2MQ-2019) has been extended until 04/15/2022.

Your Tax Year 2018 audit defense (Code = CA2M-Y42A) has been extended until 04/15/2022.

For more details about Audit Defense, visit <https://www.creditkarma.com/tax/programterms#3>.

Filing Status [] Single [x] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only one box. 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: MOHIT, Last name: ARORA, Your social security number: 4 6 9 5 7 8 7 0 0
If joint return, spouse's first name and middle initial: PARUL, Last name: DHAWAN, Spouse's social security number: 8 7 0 8 3 4 3 5 0
Home address (number and street): 12642 BLOOMFIELD AVE, Apt. no.: apt 107, Presidential Election Campaign
City, town, or post office: NORWALK, State: CA, ZIP code: 90650
Foreign country name, Foreign province/state/county, Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] Yes [x] 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 table with columns: (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. Includes entries for ALYSSIA ARORA and ALYANNA ARORA.

Main tax calculation table with rows 1-15. Includes sections for Attach Sch. B if required, Standard Deduction for, and final Taxable income of 161221.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	27049
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	27049
19	Child tax credit or credit for other dependents	19	4000
20	Amount from Schedule 3, line 7	20	86
21	Add lines 19 and 20	21	4086
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	22963
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	22963
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	21810
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	21810
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	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	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	21810

• 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	
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	
b	Routing number	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number		
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	1153
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.

Your signature	Date	Your occupation ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation CONSULTANT	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
Firm's EIN				

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MOHIT ARORA

Your social security number
469578700

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	86
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential energy credits. Attach Form 5695	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	7	86

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file (see instructions)	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c	Health coverage tax credit from Form 8885	12c	
d	Other: _____	12d	
e	Deferral for certain Schedule H or SE filers (see instructions)	12e	
f	Add lines 12a through 12e	12f	
13	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

For Paperwork Reduction Act Notice, see your tax return instructions.

Cat. No. 71480G

Schedule 3 (Form 1040) 2020

Federal Direct Debit Worksheet

MOHIT & PARUL ARORA

Direct Debit for Balance Due

Type of account: Checking Savings

Taxpayer's routing number: 121000358

Taxpayer's account number: 325040555740

Withdrawal amount: \$1,153

Date withdrawal requested*: 04/30/2021

*Please note: You have chosen to pay your balance due to the IRS using direct debit from your bank account (as noted above).

The date you selected for your withdrawal is the **earliest** that the IRS will withdraw the money from your account. However, it could take up to 10-15 business days for them to withdraw the money from your account.

If you have any questions about the withdrawal of your balance due, please contact the IRS directly at 1-800-829-1040.

Please **DO NOT** pay again via the IRS website, or you will end up paying twice.

**SCHEDULE B
(Form 1040)**

Interest and Ordinary Dividends

OMB No. 1545-0074

2020
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

Name(s) shown on return
MOHIT ARORA

Your social security number
469578700

**Part I
Interest**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1** List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ▶
BANK OF AMERICA
- 2** Add the amounts on line 1
- 3** Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4** Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b ▶

		Amount
1		49
2		49
3		0
4		49

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5** List name of payer ▶
- 6** Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b ▶

		Amount
5		
6		0

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

- 7a** At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b** If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶
- 8** During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

	Yes	No
7a	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>

Child and Dependent Care Expenses



▶ Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

MOHIT ARORA

Your social security number

469578700

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box.

Part I Persons or Organizations Who Provided the Care—You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Joyland Preschool	12645 Pioneer Blvd Norwalk, CA 90650	522368112	5220.00

Did you receive dependent care benefits? **No** → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. For details, see the instructions for Schedule 2 (Form 1040), line 7a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2020 for the person listed in column (a)
First	Last		
Alyanna	Arora	166044716	428
Alyssia	Arora	719393524	0

3	Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31	3	428																																																								
4	Enter your earned income . See instructions	4	105315																																																								
5	If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4	5	80657																																																								
6	Enter the smallest of line 3, 4, or 5	6	428																																																								
7	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11	7	186021																																																								
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7. If line 7 is: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table> </td> </tr> </table>	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$0—15,000</td> <td></td> <td>.35</td> </tr> <tr> <td>15,000—17,000</td> <td></td> <td>.34</td> </tr> <tr> <td>17,000—19,000</td> <td></td> <td>.33</td> </tr> <tr> <td>19,000—21,000</td> <td></td> <td>.32</td> </tr> <tr> <td>21,000—23,000</td> <td></td> <td>.31</td> </tr> <tr> <td>23,000—25,000</td> <td></td> <td>.30</td> </tr> <tr> <td>25,000—27,000</td> <td></td> <td>.29</td> </tr> <tr> <td>27,000—29,000</td> <td></td> <td>.28</td> </tr> </table>	Over	But not over	Decimal amount is	\$0—15,000		.35	15,000—17,000		.34	17,000—19,000		.33	19,000—21,000		.32	21,000—23,000		.31	23,000—25,000		.30	25,000—27,000		.29	27,000—29,000		.28	<table border="0"> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> <tr> <td>\$29,000—31,000</td> <td></td> <td>.27</td> </tr> <tr> <td>31,000—33,000</td> <td></td> <td>.26</td> </tr> <tr> <td>33,000—35,000</td> <td></td> <td>.25</td> </tr> <tr> <td>35,000—37,000</td> <td></td> <td>.24</td> </tr> <tr> <td>37,000—39,000</td> <td></td> <td>.23</td> </tr> <tr> <td>39,000—41,000</td> <td></td> <td>.22</td> </tr> <tr> <td>41,000—43,000</td> <td></td> <td>.21</td> </tr> <tr> <td>43,000—No limit</td> <td></td> <td>.20</td> </tr> </table>	Over	But not over	Decimal amount is	\$29,000—31,000		.27	31,000—33,000		.26	33,000—35,000		.25	35,000—37,000		.24	37,000—39,000		.23	39,000—41,000		.22	41,000—43,000		.21	43,000—No limit		.20	8	X . 0.20
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9	Multiply line 6 by the decimal amount on line 8. If you paid 2019 expenses in 2020, see the instructions	9	86																																																								
10	Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions	10	27049																																																								
11	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Schedule 3 (Form 1040), line 2	11	86																																																								

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2020. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership.	12	4792
13	Enter the amount, if any, you carried over from 2019 and used in 2020 during the grace period. See instructions	13	0.00
14	Enter the amount, if any, you forfeited or carried forward to 2021. See instructions	14	(0.00)
15	Combine lines 12 through 14. See instructions	15	4792
16	Enter the total amount of qualified expenses incurred in 2020 for the care of the qualifying person(s)	16	5220
17	Enter the smaller of line 15 or 16	17	4792
18	Enter your earned income . See instructions	18	105315
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • If married filing jointly, enter your spouse' earned income (if you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18 	19	80657
20	Enter the smallest of line 17, 18, or 19	20	4792
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5000
22	Is any amount on line 12 from your sole proprietorship or partnership? <input type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0
23	Subtract line 22 from line 15	23	4792
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24	0
25	Excluded benefits. If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-	25	4792
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. On the dotted line next to Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a, enter "DCB"	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons)	27	6000
28	Add lines 24 and 25	28	4792
29	Subtract line 28 from line 27. If zero or less, stop. You can't take the credit. Exception. If you paid 2019 expenses in 2020, see the instructions for line 9	29	1208
30	Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30	428
31	Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31	428

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
MOHIT ARORA

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **469578700**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.00
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3	3550
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3550
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	500.00
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0
8	Add lines 6 and 7	8	500
9	Employer contributions made to your HSAs for 2020	9	500
10	Qualified HSA funding distributions	10	0.00
11	Add lines 9 and 10	11	500
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	0
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	5.00
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	0
c	Subtract line 14b from line 14a	14c	5
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	5.00
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	0

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

Health Savings Accounts (HSAs)

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form8889 for instructions and the latest information.**

2020
Attachment
Sequence No. **52**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Parul Dhawan

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ **870834350**

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2020. See instructions ▶	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2020 (or those made on your behalf), including those made from January 1, 2021, through April 15, 2021, that were for 2020. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions	2	0.00
3	If you were under age 55 at the end of 2020 and, on the first day of every month during 2020, you were, or were considered, an eligible individual with the same coverage, enter \$3,550 (\$7,100 for family coverage). All others , see the instructions for the amount to enter	3	7100
4	Enter the amount you and your employer contributed to your Archer MSAs for 2020 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2020, also include any amount contributed to your spouse's Archer MSAs	4	0
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	7100
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2020, see the instructions for the amount to enter	6	6600
7	If you were age 55 or older at the end of 2020, married, and you or your spouse had family coverage under an HDHP at any time during 2020, enter your additional contribution amount. See instructions	7	0
8	Add lines 6 and 7	8	6600
9	Employer contributions made to your HSAs for 2020	9	1000
10	Qualified HSA funding distributions	10	0.00
11	Add lines 9 and 10	11	1000
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5600
13	HSA deduction. Enter the smaller of line 2 or line 12 here and on Schedule 1 (Form 1040), Part II, line 12 Caution: If line 2 is more than line 13, you may have to pay an additional tax. See instructions.	13	0

Part II HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2020 from all HSAs (see instructions)	14a	632.00
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	14b	0
c	Subtract line 14b from line 14a	14c	632
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	632.00
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	16	0
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here ▶ <input type="checkbox"/>		
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HSA" and the amount on the line next to the box	17b	0

Part III Income and Additional Tax for Failure To Maintain HDHP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule	18	
19	Qualified HSA funding distribution	19	
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8, and enter "HSA" and the amount on the dotted line	20	
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 8; check box c and enter "HDHP" and the amount on the line next to the box	21	

2020 California Resident Income Tax Return

540

469-57-8700 870-83-4350
MOHIT ARORA
PARUL DHAWAN

12642 BLOOMFIELD AVE apt 107
NORWALK CA 90650

10-09-1985 10-16-1987 ARORA

Principal Residence

Enter your county at time of filing (see instructions)

LOS ANGELES

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

If not, enter below your principal/physical residence address at the time of filing.

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

Apt. no/ste. no.

City

State

ZIP code

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

Filing Status

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

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

See instructions.

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

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 2 X \$124 = \$ 248

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 = \$

Your name: Your SSN or ITIN:

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> ALYSSIA	<input type="radio"/> ALYANNA	<input type="radio"/>
Last Name	<input type="radio"/> ARORA	<input type="radio"/> ARORA	<input type="radio"/>
SSN. See instructions.	<input type="radio"/> 719393524	<input type="radio"/> 166044716	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> DAUGHTER	<input type="radio"/> DAUGHTER	<input type="radio"/>

Total dependent exemptions ● 10 X \$383 = ● \$

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

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, 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 .00

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

17 California adjusted gross income. Combine line 15 and line 16 ● 17 .00

18 Enter the larger of {
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,601
 • 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 ● 18 .00

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

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

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34. ● 35 .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name code ● and amount. . . ● 43 .00

44 Enter credit name code ● and amount. . . ● 44 .00

Your name: **MOHIT ARORA** Your SSN or ITIN: **469578700**

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 .00

47 Add line 40 through line 46. These are your total credits ● 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 .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 .00

Payments

71 California income tax withheld. See instructions ● 71 .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. See instructions ● 78 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions. ● 91 .00

If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

● Full-year health care coverage.

Overpaid Tax/Tax Due

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

Your name: **MOHIT ARORA** Your SSN or ITIN: **469578700**

Overpaid Tax/Tax Due	97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97	1388	.00
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98		.00
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99	1388	.00
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100		.00

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

Your name: Your SSN or ITIN:

Amount You Owe 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.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: ● **FTB 5805 attached** ● **FTB 5805F attached** ● 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .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 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type Checking Savings ● Account number ● 116 Direct deposit amount .00

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

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

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

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

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

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

Sign Here

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

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

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

Firm's address ● Firm's FEIN

Joint tax return? (See instructions)

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

2020 California Adjustments — Residents

CA (540)

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

Name(s) as shown on tax return

MOHIT ARORA

SSN or ITIN

4 6 9 5 7 8 7 0 0

Part I 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	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C	<input checked="" type="radio"/> 185972	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1500
2 Taxable interest. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/> 49	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Capital gain or (loss). See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2a Alimony received. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Business income or (loss). See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 Other gains or (losses)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Farm income or (loss)	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Unemployment compensation	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
8 Other income.			
a California lottery winnings		<input checked="" type="radio"/>	<input checked="" type="radio"/>
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Federal NOL (federal Schedule 1 (Form 1040), line 8)		<input checked="" type="radio"/>	<input checked="" type="radio"/>
d NOL deduction from FTB 3805V		<input checked="" type="radio"/>	<input checked="" type="radio"/>
e NOL from FTB 3805Z, 3807, or 3809		<input checked="" type="radio"/>	<input checked="" type="radio"/>
f Other (describe): <input checked="" type="radio"/> _____		<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C.	<input checked="" type="radio"/> 186021	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1500

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

10 Educator expenses	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Health savings account deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Deductible part of self-employment tax. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
16 Self-employed health insurance deduction. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Penalty on early withdrawal of savings	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 IRA deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
20 Student loan interest deduction	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
21 Tuition and fees	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions	<input checked="" type="radio"/> 186021	<input checked="" type="radio"/>	<input checked="" type="radio"/> 1500

Part II 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 <input checked="" type="radio"/>					
2	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/>	186021	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/>	13952	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>		4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	13191	<input checked="" type="radio"/>	13191		
5b	State and local real estate taxes <input checked="" type="radio"/>					
5c	State and local personal property taxes <input checked="" type="radio"/>					
5d	Add line 5a through line 5c <input checked="" type="radio"/>	13191				
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 <input checked="" type="radio"/>	10000	<input checked="" type="radio"/>	13191	<input checked="" type="radio"/>	3191
6	Other taxes. List type <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7	Add line 5e and line 6 <input checked="" type="radio"/>	10000	<input checked="" type="radio"/>	13191	<input checked="" type="radio"/>	3191

Interest You Paid

8a	Home mortgage interest and points reported to you on federal Form 1098 <input checked="" type="radio"/>				<input checked="" type="radio"/>	
8b	Home mortgage interest not reported to you on federal Form 1098 <input checked="" type="radio"/>					<input checked="" type="radio"/>
8c	Points not reported to you on federal Form 1098 <input checked="" type="radio"/>					<input checked="" type="radio"/>
8d	Mortgage insurance premiums <input checked="" type="radio"/>		<input checked="" type="radio"/>			
8e	Add line 8a through line 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
9	Investment interest <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
10	Add line 8e and line 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	

Gifts to Charity

11	Gifts by cash or check <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
12	Other than by cash or check <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
13	Carryover from prior year <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
14	Add line 11 through line 13 <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	

Casualty and Theft Losses

15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/>	10000	<input checked="" type="radio"/>	13191	<input checked="" type="radio"/>	3191

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>				<input checked="" type="radio"/>	
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Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

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

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 186021

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

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

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

27 Other adjustments. See instructions. Specify. _____ 27

28 Combine line 26 and line 27. 28

29 **Is your federal AGI (Form 540, 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 (540), line 29. 29

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**
Single or married/RDP filing separately. See instructions. \$4,601
Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202

Transfer the amount on line 30 to Form 540, line 18. 30

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TAXABLE YEAR **2020** **California Online e-file Return Authorization** for Individuals **FORM 8453-OL**

Your first name and initial MOHIT		Last name ARORA	Suffix	Your SSN or ITIN 469578700
If filing jointly, spouse's/RDP's first name PARUL		Last name DHAWAN	Suffix	Spouse's/RDP's SSN or ITIN 870834350
Street address (number and street) or PO box 12642 BLOOMFIELD AVE		Apt. no./ste. no. apt 107	PMB/private mailbox	Daytime telephone number 8186196039
City NORWALK			State CA	ZIP code 90650
Foreign country name		Foreign province/state/county		Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	187521
2 Refund or no amount due. See instructions	2	1388
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

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

Part III Make Estimated Tax Payments for Taxable Year 2021 These are NOT installment payments for the current amount you owe.

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

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

8 Amount of refund to be directly deposited to account below 1388	12 The remaining amount of my refund for direct deposit _____
9 Routing number 121000358	13 Routing number _____
10 Account number 325040555779	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

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

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2020 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

_____ Your signature	_____ Date
_____ Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>	_____ Date