

040MP01210

For Privacy Act Notification, See Instructions

Your Social Security Number (required)
175155601

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.)
ETTEM ANURAG REDDY

Spouse's/CU Partner's SSN (if filing jointly)

County/Municipality Code (See Table page 50)
0906

Home Address (Number and Street, including apartment number)
10152 WEST STAR PROPERTY APT 56

City, Town, Post Office
SAN DIEGO

State ZIP Code
CA 92126

Driver's License Number (Voluntary) (See instructions)

- Federal extension filed.
- The address above is a foreign address.
- Your address has changed.
- Death certificate is enclosed.
- Do not want a paper form next year.
- I authorize the Division of Taxation to discuss my return and enclosures with my preparer.
- NJ-1040-O is enclosed.

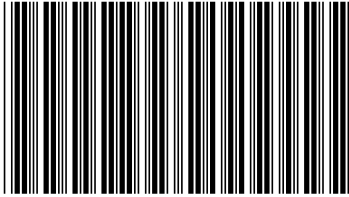
Gubernatorial Elections Fund Note: This does not reduce your refund or increase your balance due.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You	Yes	No
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner	Yes	No

Direct Deposit Information

dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)	dd1.	1	
dd2. Account type (C for checking, S for savings)	dd2.	C	
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States	dd3.		
dd4. Routing number	dd4.		091400046
dd5. Account number	dd5.		6942377216





040MP02210

Name(s) as shown on Form NJ-1040
ETTEM ANURAG REDDY

Your Social Security Number
175155601

1555

Part-year residents, provide months/days you were a New Jersey resident during 2021:
From: 010121 To: 081021

Fiscal year filers only:
Enter month of your year end 2 0 2 2

Filing Status
Fill in only one.

- 1. Single
- 2. Married/CU Couple, filing joint return
- 3. Married/CU Partner, filing separate return
- 4. Head of Household Enter spouse's/CU partner's SSN
- 5. Qualifying Widow(er)/Surviving CU Partner
Indicate the year of your spouse's/CU partner's death: 2019 2020

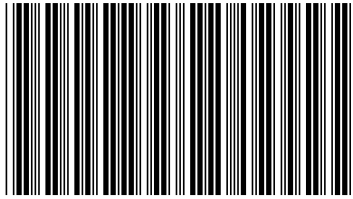
Exemptions

Fill in the ovals that apply. You must enter a total in the boxes to the right and complete the calculation.

6. Regular	<input checked="" type="checkbox"/>	Self	Spouse/CU Partner	Domestic Partner	1	x \$1,000 =	<u>1000</u>
7. Senior 65+ (Born in 1956 or earlier)	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
8. Blind/Disabled	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$1,000 =	_____
9. Veteran	<input type="checkbox"/>	Self	Spouse/CU Partner			x \$6,000 =	_____
10. Qualified Dependent Children	<input type="checkbox"/>					x \$1,500 =	_____
11. Other Dependents	<input type="checkbox"/>					x \$1,500 =	_____
12. Dependents Attending Colleges (See instructions)	<input type="checkbox"/>					x \$1,000 =	_____
13. Total Exemption Amount (Add totals from the lines at 6 through 12)						13.	<u>1000</u> .

14. Dependent Information. Provide the following information for each dependent.

	Last Name, First Name, Middle Initial	Social Security Number	Birth Year	No Health Insurance
a.	_____			
b.	_____			
c.	_____			
d.	_____			



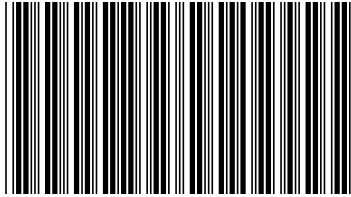
040MP03210

Name(s) as shown on Form NJ-1040
ETTEM ANURAG REDDY

Your Social Security Number
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15. Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	2400	.
16a. Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	.	.
16b. Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b.	.	.
17. Dividends	17.	.	.
18. Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	18.	.	.
19. Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19.	.	.
20a. Taxable pensions, annuities, and IRA distributions/withdrawals (See instructions)	20a.	.	.
20b. Excludable pension, annuity, and IRA distributions/withdrawals	20b.	.	.
21. Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21.	.	.
22. Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)	22.	.	.
23. Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4)	23.	.	.
24. Net Gambling Winnings (See instructions)	24.	.	.
25. Alimony and Separate Maintenance Payments received	25.	.	.
26. Other (Enclose documents) (See instructions)	26.	.	.
27. Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	2400	.
28a. Pension/Retirement Exclusion (See instructions)	28a.	.	.
28b. Other Retirement Income Exclusion (See Worksheet D and instructions pages 19-20)	28b.	.	.
28c. Total Exclusion Amount (Add lines 28a and 28b)	28c.	.	.
29. New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.	2400	.
30. Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	.	.
31. Medical Expenses (See Worksheet F and instructions)	31.	.	.
32. Alimony and Separate Maintenance Payments (See instructions)	32.	.	.
33. Qualified Conservation Contribution	33.	.	.
34. Health Enterprise Zone Deduction	34.	.	.
35. Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	.	.
36. Organ/Bone Marrow Donation Deduction (See instructions)	36.	.	.
37. Total Exemptions and Deductions (Add lines 30 through 36)	37.	.	.
38. Taxable Income (Subtract line 37 from line 29)	38.	.	.
39a. Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	.	.
39b. Block	.	.	.
39b. Lot	.	.	.
39b. Qualifier		Fill in if you completed Worksheet G	
39c. County/Municipality Code			
39d. Indicate your residency status during 2021 (fill in only one)	Homeowner	Tenant	Both
40. Property Tax Deduction (From Worksheet H) (See instructions)			40.
41. New Jersey Taxable Income (Subtract line 40 from line 38)			41.
42. Tax on Amount on line 41 (Tax Table page 52)			42.
43. Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)			43.
Enter Code			
44. Balance of Tax (Subtract line 43 from line 42)			44.
45. Sheltered Workshop Tax Credit			45.
46. Gold Star Family Counseling Credit (See instructions)			46.
47. Credit for Employer of Organ/Bone Marrow Donor (See instructions)			47.
48. Total Credits (Add lines 45 through 47)			48.
49. Balance of Tax After Credits (Subtract line 48 from line 44) If zero or less, make no entry			49.
50. Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0			50. 0
51. Interest on Underpayment of Estimated Tax			51.
Fill in if Form NJ-2210 is enclosed			
52. Shared Responsibility Payment (See instructions) REQUIRED Enclose Schedule HCC and fill in			52. 0



040MP04210

Name(s) as shown on Form NJ-1040
ETTEM ANURAG REDDY

Your Social Security Number
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53. Total Tax Due (Add lines 49 through 52)	53.	0	.
54. Total NJ Income Tax Withheld (Enclose Forms W-2 and 1099) (Part year, see instructions)	54.	36	.
55. Property Tax Credit (See instructions page 23)	55.	.	.
56. New Jersey Estimated Tax Payments/Credit from 2020 tax return	56.	.	.
57. New Jersey Earned Income Tax Credit (See instructions)	57.	.	.
Fill in if you had the IRS calculate your federal earned income credit			
Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit			
58. Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instructions)	58.	.	.
59. Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See instructions)	59.	.	.
60. Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450) (See instructions)	60.	.	.
61. Wounded Warrior Caregivers Credit (See instructions)	61.	.	.
62. Pass-Through Business Alternative Income Tax Credit (See instructions)	62.	.	.
63. Child and Dependent Care Credit (See instructions)	63.	.	.
Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
64. Total Withholdings, Credits, and Payments (Add lines 54 through 63)	64.	36	.
65. If line 64 is less than line 53, you have tax due. Subtract line 64 from line 53 and enter the amount you owe	65.	.	.
If you owe tax, you can still make a donation on lines 68 through 75.			
66. If the total on line 64 is more than line 53, you have an overpayment. Subtract line 53 from line 64 and enter the overpayment	66.	36	.
67. Amount from line 66 you want to credit to your 2022 tax	67.	.	.
68. Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other
69. Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other
70. Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other
71. Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other
72. Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other
73. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
74. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
75. Other Designated Contribution (See instructions)	\$10	\$20	Other Enter Code
76. Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)	76.	.	.
77. Balance due (If line 65 is more than zero, add line 65 and line 76)	77.	.	.
78. Refund amount (If line 66 is more than zero, subtract line 76 from line 66)	78.	36	.

Under penalties of perjury, I declare that I have examined this Income Tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Your Signature Date Spouse's/CU Partner's Signature (required if filing jointly) Date

Paid Preparer's Signature Federal Identification Number

SYAM PRIYA RAM SAGAR GUPTA TALLAM **P02082703**
Firm's Name Firm's Federal Employer Identification Number

GLOBAL TAXES LLC **30-1017196**

Tax Due Address
Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to:
State of New Jersey
Division of Taxation
Revenue Processing Center - Payment
PO Box 111
Trenton, NJ 08645-0111
Include Social Security number and make check or money order payable to:
State of New Jersey - TGI
You can also make a payment on our website:
nj.gov/taxation

Refund or No Tax Due Address
Use the labels provided with the envelope and mail to:
New Jersey Division of Taxation
Revenue Processing Center - Refunds
PO Box 555
Trenton, NJ 08647-0555

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

California e-file Return Authorization for Individuals

FORM

8453

Your first name and initial ANURAG REDDY Last name ETTEM Suffix Your SSN or ITIN 175-15-5601
If joint return, spouse's/RDP's first name and initial Last name Suffix Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 10152 WEST STAR PROPERTY Apt. no./ste. no. APT 56 PMB/private mailbox Daytime telephone number (605) 592-6885
City SAN DIEGO State CA ZIP code 92126
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount. Row 1: California adjusted gross income. See instructions. 1 923. Row 2: Refund or no amount due. See instructions. 2 0. Row 3: Amount you owe. See instructions. 3

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

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

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

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

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

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

Part V Declaration of Taxpayer(s)

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

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

Sign Here Your signature Date Spouse's/RDP's signature. If filing jointly, both must sign. Date It is unlawful to forge a spouse's/RDP's signature.

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

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

ERO Must Sign ERO's signature Date 04/19/2022 Check if also paid preparer Check if self-employed ERO's PTIN Firm's name (or yours if self-employed) and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA Firm's FEIN 30-1017196 ZIP code 30041

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

Paid Preparer Must Sign Paid preparer's signature Date Check if self-employed Paid preparer's PTIN Firm's name (or yours if self-employed) and address SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA Firm's FEIN 30-1017196 ZIP code 30041

California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

175-15-5601 ETTE
ANURAGREDDY ETTEM

21

10152 WEST STAR PROPERTY APT 56
SAN DIEGO CA 92126

10-27-1996

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

Filing Status

- 1 [X] 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.

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

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

Whole dollars only

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.

Exemptions

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions X \$400 =

Your name: Your SSN or ITIN:

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

Total Taxable Income

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

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

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, 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 (540NR), Part II, line 27, column C 16 .00

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

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

CA Taxable Income

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

FTB 3800 FTB 3803 31 .00

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

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

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

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

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

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions 39 .00

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

55 Credit amount. See instructions 55 .00

Your name: Your SSN or ITIN:

Special Credits continued

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

Other Taxes

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

Payments

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

ISR Penalty

- 91 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ●
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 91 .00

Overpaid Tax/Tax Due

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

Your name: Your SSN or ITIN:

103 Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
104 Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** .00

Contributions		<u>Code</u>	<u>Amount</u>
	California Seniors Special Fund. See instructions	● 400	<input type="text"/> .00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● 401	<input type="text"/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● 403	<input type="text"/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text"/> .00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● 406	<input type="text"/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text"/> .00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● 408	<input type="text"/> .00
	California Sea Otter Voluntary Tax Contribution Fund	● 410	<input type="text"/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text"/> .00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● 422	<input type="text"/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text"/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text"/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text"/> .00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	● 431	<input type="text"/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text"/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text"/> .00
	Rape Kit Backlog Voluntary Tax Contribution Fund	● 440	<input type="text"/> .00
	Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text"/> .00
	Suicide Prevention Voluntary Tax Contribution Fund	● 444	<input type="text"/> .00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	● 445	<input type="text"/> .00
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	● 446	<input type="text"/> .00
	120 Add code 400 through code 446. This is your total contribution	● 120	<input type="text"/> .00

Your name: Your SSN or ITIN:

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

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

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

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

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

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

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

IMPORTANT: Attach a copy of your complete federal return.
Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

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

Sign Here

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

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

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

Print Third Party Designee's Name Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return ANURAG REDDY ETTEM	SSN or ITIN 175155601
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Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.

During 2021:

- 1 My California (CA) Residency (Check one)
 a Myself: Nonresident 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)	<input checked="" type="radio"/> NJ	<input type="radio"/> ___
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> ___	<input type="radio"/> ___
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> NJ 08/11/2021	<input type="radio"/> ___/___/___
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> ___/___/___	<input type="radio"/> ___/___/___
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> ___	<input type="radio"/> ___
6 The number of days I spent in CA for any purpose was:	<input checked="" type="radio"/> 143	<input type="radio"/> ___
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input type="radio"/> ___
8 Before 2021: I was a CA resident for the period of	<input type="radio"/> ___/___/___ - ___/___/___	<input type="radio"/> ___/___/___ - ___/___/___

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 3,323.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 3,323.	<input checked="" type="radio"/> 923.
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			

Section B — Additional Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
8	Other income:					
a	Federal net operating loss 8a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Gambling income 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
c	Cancellation of debt 8c	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Taxable Health Savings Account distribution 8e	<input type="radio"/>	<input type="radio"/>			
f	Alaska Permanent Fund dividends . . . 8f	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
g	Jury duty pay 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h	Prizes and awards 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i	Activity not engaged in for profit income 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j	Stock options 8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
l	Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m	IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>			
n	IRC Section 951A(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>			
o	IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	Taxable distributions from an ABLE account 8p	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z	Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a	Total other income. Add lines 8a through 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1	Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2	NOL deduction from form FTB 3805V 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3	NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b4	Student loan discharged due to closure of a for-profit school 9b4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C 10	<input type="radio"/> 3,323.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 3,323.	<input type="radio"/> 923.

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

Section C — Adjustments to Income Continued		A	B	C	D	E
		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
25	Total other adjustments. Add lines 24a through 24z	25				
26	Add line 11 through line 23 and line 25 in each column, A through E	26				
27	Total. Subtract line 26 from line 10 in each column, A through E. See instructions.	27	3,323.		3,323.	923.

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

Medical and Dental Expenses See instructions.		A	B	C
		Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions
1	Medical and dental expenses	1		
2	Enter amount from federal Form 1040 or 1040-SR, line 11	2	3,323.	
3	Multiply line 2 by 7.5% (0.075)	3	249.	
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	273.	273.	
5b	State and local real estate taxes	5b			
5c	State and local personal property taxes	5c			
5d	Add line 5a through line 5c.	5d	273.		
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	273.	273.	0.
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add line 5e and line 6.	7	273.	273.	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			
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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	273.	273.	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

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 3,323.

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

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

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

27 Other adjustments. See instructions. Specify. _____ 27

28 Combine line 26 and line 27. 28 .

29 **Is your federal AGI (Form 540NR, line 13) more than the amount shown below for your filing status?**
 Single or married/RDP filing separately \$212,288
 Head of household \$318,437
 Married/RDP filing jointly or qualifying widow(er) \$424,581

No. Transfer the amount on line 28 to line 29.

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

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

Part IV California Taxable Income

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

2 Enter your deductions from line 30 2 .

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

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

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