

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 SREEJA Last name MALKA Suffix Your SSN or ITIN 709-22-6286
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 1283 WESTBURY DRIVE Apt. no./ste. no. PMB/private mailbox Daytime telephone number (405) 612-3961
City SAN JOSE State CA ZIP code 95131
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 75,939. Row 2: Refund or no amount due. See instructions. 2 835. Row 3: Amount you owe. See instructions. 3

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

4 [X] 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 835. 12 The remaining amount of my refund for direct deposit
9 Routing number 322271627 13 Routing number
10 Account number 582950389 14 Account number
11 Type of account: [X] 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 04/01/2022 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 P02082703
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

# 2021 California Resident Income Tax Return

# 540

APE

DO NOT ATTACH FEDERAL RETURN

709-22-6286 MALK  
SREEJA MALKA

21

1283 WESTBURY DRIVE  
SAN JOSE CA 95131

08-12-1995

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

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 . . . . .

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  X \$129 =  \$  129

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.  8  X \$129 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.  9  X \$129 =  \$

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="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ..... ● 10  X \$400 = ● \$

**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 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 (540), Part I, line 27, 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. .... \$4,803  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606  
 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 \$212,288, 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:

Your SSN or ITIN:

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 2021 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 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.

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

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:  Your SSN or ITIN:

<b>Overpaid Tax/Tax Due</b>	<b>97</b> Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. . . . . <input checked="" type="radio"/> <b>97</b> <input type="text" value="835"/> <input type="text" value=".00"/>
	<b>98</b> Amount of line 97 you want applied to your <b>2022</b> estimated tax . . . . . <input type="radio"/> <b>98</b> <input type="text" value="0"/> <input type="text" value=".00"/>
	<b>99</b> Overpaid tax available this year. Subtract line 98 from line 97 . . . . . <input type="radio"/> <b>99</b> <input type="text" value="835"/> <input type="text" value=".00"/>
	<b>100</b> Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . . <input checked="" type="radio"/> <b>100</b> <input type="text" value=""/> <input type="text" value=".00"/>

<b>Contributions</b>		<b>Code</b>	<b>Amount</b>
	California Seniors Special Fund. See instructions . . . . .	<input type="radio"/> <b>400</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>401</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	<input type="radio"/> <b>403</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund. . . . .	<input type="radio"/> <b>405</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>406</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>407</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . .	<input type="radio"/> <b>408</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>410</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>413</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>422</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase . . . . .	<input type="radio"/> <b>423</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund. . . . .	<input type="radio"/> <b>424</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>425</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>431</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>438</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. . . . .	<input type="radio"/> <b>439</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>440</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>443</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Suicide Prevention Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>444</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund. . . . .	<input type="radio"/> <b>445</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .	<input type="radio"/> <b>446</b>	<input type="text" value=""/> <input type="text" value=".00"/>
	<b>110</b> Add code 400 through code 446. This is your total contribution . . . . .	<input type="radio"/> <b>110</b>	<input type="text" value=""/> <input type="text" value=".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.

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)

● 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

# 2021 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 <b>SREEJA MALKA</b>	SSN or ITIN <b>709226286</b>
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<b>Part I Income Adjustment Schedule</b>		<b>A Federal Amounts</b> <small>(taxable amounts from your federal tax return)</small>	<b>B Subtractions</b> <small>See instructions</small>	<b>C Additions</b> <small>See instructions</small>
<b>Section A – Income from federal Form 1040 or 1040-SR</b>				
<b>1</b> Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . <b>1</b>	<input checked="" type="radio"/>	77,233.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>2</b> Taxable interest. <b>a</b> <input checked="" type="radio"/>	<b>2b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>3</b> Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/>	<b>3b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/>	<b>4b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/>	<b>5b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Social security benefits. <b>a</b> <input checked="" type="radio"/>	<b>6b</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>7</b> Capital gain or (loss). See instructions. . . . . <b>7</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Section B – Additional Income from federal Schedule 1 (Form 1040)</b>				
<b>1</b> Taxable refunds, credits, or offsets of state and local income taxes . . . . . <b>1</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>2a</b> Alimony received. See instructions. . . . . <b>2a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>3</b> Business income or (loss). See instructions. . . . <b>3</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>4</b> Other gains or (losses) . . . . . <b>4</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>5</b> Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . <b>5</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>8</b> Other income:				
<b>a</b> Federal net operating loss. . . . . <b>8a</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>b</b> Gambling income. . . . . <b>8b</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>c</b> Cancellation of debt . . . . . <b>8c</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . <b>8d</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>e</b> Taxable Health Savings Account distribution . . <b>8e</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>f</b> Alaska Permanent Fund dividends . . . . . <b>8f</b>	<input checked="" type="radio"/>			
<b>g</b> Jury duty pay. . . . . <b>8g</b>	<input checked="" type="radio"/>			
<b>h</b> Prizes and awards . . . . . <b>8h</b>	<input checked="" type="radio"/>			

Section B – Additional Income Continued	<b>A</b> Federal Amounts <small>(taxable amounts from your federal tax return)</small>	<b>B</b> Subtractions <small>See instructions</small>	<b>C</b> Additions <small>See instructions</small>
i Activity not engaged in for profit income . . . . . <b>8i</b>	<input type="radio"/>		
j Stock options . . . . . <b>8j</b>	<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 . . <b>8k</b>	<input type="radio"/>		
l Olympic and Paralympic medals and USOC prize money . . . . . <b>8l</b>	<input type="radio"/>		
m IRC Section 951(a) inclusion . . . . . <b>8m</b>	<input type="radio"/>	<input type="radio"/>	
n IRC Section 951A(a) inclusion. . . . . <b>8n</b>	<input type="radio"/>	<input type="radio"/>	
o IRC Section 461(l) excess business loss adjustment <b>8o</b>	<input type="radio"/>		<input type="radio"/>
p Taxable distributions from an ABLÉ account . . <b>8p</b>	<input type="radio"/>		
z Other income. List type and amount.  <input type="radio"/> _____ <b>8z</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9 a</b> Total other income. Add lines 8a through 8z. <b>9a</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . <b>9b1</b>		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V . . . . . <b>9b2</b>		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . <b>9b3</b>		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school. . . . . <b>9b4</b>	<input type="radio"/>	<input type="radio"/>	
<b>10 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. . . . . <b>10</b>	<input type="radio"/>	77,233. <input type="radio"/>	<input type="radio"/>

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

<b>11</b> Educator expenses . . . . . <b>11</b>	<input type="radio"/>	<input type="radio"/>	
<b>12</b> Certain business expenses of reservists, performing artists, and fee-basis government officials. . . . . <b>12</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>13</b> Health savings account deduction . . . . . <b>13</b>	<input type="radio"/>	<input type="radio"/>	
<b>14</b> Moving expenses. Attach form FTB 3913. See instructions . . . . . <b>14</b>	<input type="radio"/>		<input type="radio"/>
<b>15</b> Deductible part of self-employment tax. See instructions. . . . . <b>15</b>	<input type="radio"/>	<input type="radio"/>	
<b>16</b> Self-employed SEP, SIMPLE, and qualified plans. . <b>16</b>	<input type="radio"/>		
<b>17</b> Self-employed health insurance deduction. See instructions. . . . . <b>17</b>	<input type="radio"/>	<input type="radio"/>	



Section C – Adjustments to Income Continued	<b>A</b> Federal Amounts <small>(taxable amounts from your federal tax return)</small>	<b>B</b> Subtractions <small>See instructions</small>	<b>C</b> Additions <small>See instructions</small>
<b>18</b> Penalty on early withdrawal of savings. . . . . <b>18</b>	<input checked="" type="radio"/>		
<b>19 a</b> Alimony paid. . . . . <b>19a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>
<b>b</b> Recipient's: SSN <input checked="" type="radio"/> _____ Last Name <input checked="" type="radio"/> _____			
<b>20</b> IRA deduction. . . . . <b>20</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Student loan interest deduction . . . . . <b>21</b>	<input checked="" type="radio"/>	1,294.	<input checked="" type="radio"/>
<b>22</b> Reserved for future use . . . . . <b>22</b>			
<b>23</b> Archer MSA deduction . . . . . <b>23</b>	<input checked="" type="radio"/>		
<b>24</b> Other adjustments:			
<b>a</b> Jury duty pay . . . . . <b>24a</b>	<input checked="" type="radio"/>		
<b>b</b> Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. . . . . <b>24b</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>c</b> Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . . <b>24c</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>d</b> Reforestation amortization and expenses. . . . . <b>24d</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>e</b> Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . . <b>24e</b>	<input checked="" type="radio"/>		
<b>f</b> Contributions to IRC Section 501(c)(18)(D) pension plans . . . . . <b>24f</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>g</b> Contributions by certain chaplains to IRC Section 403(b) plans . . . . . <b>24g</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>h</b> Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . . <b>24h</b>	<input checked="" type="radio"/>		
<b>i</b> 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. . . . . <b>24i</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>j</b> Housing deduction from federal Form 2555 . . . . . <b>24j</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>k</b> Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . . <b>24k</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
<b>z</b> Other adjustments. List type and amount. <input checked="" type="radio"/> _____ <b>24z</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>25</b> Total other adjustments. Add lines 24a through 24z . . . . . <b>25</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>26</b> Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . . <b>26</b>	<input checked="" type="radio"/>	1,294.	<input checked="" type="radio"/>
<b>27 Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . . <b>27</b>	<input checked="" type="radio"/>	75,939.	<input checked="" type="radio"/>

REV 03/29/22 PRO

**Part II Adjustments to Federal Itemized Deductions**

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

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
<b>1</b> Medical and dental expenses <input checked="" type="radio"/> _____ <b>1</b>			
<b>2</b> Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 75,939. <b>2</b>			
<b>3</b> Multiply line 2 by 7.5% (0.075).... <input checked="" type="radio"/> 5,695. <b>3</b>			
<b>4</b> Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 ..... <b>4</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
<b>5 a</b> State and local income tax or general sales taxes. <b>5a</b> <input checked="" type="radio"/> 4,321. <input checked="" type="radio"/> 4,321.			
<b>b</b> State and local real estate taxes ..... <b>5b</b> <input checked="" type="radio"/>			
<b>c</b> State and local personal property taxes ..... <b>5c</b> <input checked="" type="radio"/>			
<b>d</b> Add line 5a through line 5c. .... <b>5d</b> <input checked="" type="radio"/> 4,321.			
<b>e</b> 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 ..... <b>5e</b> <input checked="" type="radio"/> 4,321. <input checked="" type="radio"/> 4,321. <input checked="" type="radio"/> 0.			
<b>6</b> Other taxes. List type <input checked="" type="radio"/> _____ <b>6</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>7</b> Add line 5e and line 6. .... <b>7</b> <input checked="" type="radio"/> 4,321. <input checked="" type="radio"/> 4,321. <input checked="" type="radio"/> 0.			
<b>Interest You Paid</b>			
<b>8 a</b> Home mortgage interest and points reported to you on federal Form 1098 ..... <b>8a</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>b</b> Home mortgage interest not reported to you on federal Form 1098. .... <b>8b</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>c</b> Points not reported to you on federal Form 1098. <b>8c</b> <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>d</b> Mortgage insurance premiums ..... <b>8d</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>e</b> Add line 8a through line 8d ..... <b>8e</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>9</b> Investment interest. .... <b>9</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>10</b> Add line 8e and line 9. .... <b>10</b> <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>

<b>Part II Adjustments to Federal Itemized Deductions</b> Continued	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Gifts to Charity</b>			
<b>11</b> Gifts by cash or check. . . . . <b>11</b>	<input checked="" type="radio"/> 300.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Other than by cash or check. . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>13</b> Carryover from prior year. . . . . <b>13</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Add line 11 through line 13 . . . . . <b>14</b>	<input checked="" type="radio"/> 300.	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Casualty and Theft Losses</b>			
<b>15</b> Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . <b>15</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>Other Itemized Deductions</b>			
<b>16</b> Other—from list in federal instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. . . . . <b>17</b>	<input checked="" type="radio"/> 4,621.	<input checked="" type="radio"/> 4,321.	<input checked="" type="radio"/> 0.

**18 Total.** Combine line 17 column A less column B plus column C . . . . .  **18** 300.

**Job Expenses and Certain Miscellaneous Deductions**

<b>19</b> Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . <input checked="" type="radio"/> <b>19</b>	_____
<b>20</b> Tax preparation fees . . . . . <input checked="" type="radio"/> <b>20</b>	_____
<b>21</b> Other expenses - investment, safe deposit box, etc. List type. . . . . <input checked="" type="radio"/> <b>21</b>	_____ 0.
<b>22</b> Add line 19 through line 21 . . . . . <input checked="" type="radio"/> <b>22</b>	_____ 0.
<b>23</b> Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . <input checked="" type="radio"/> 75,939.	_____
<b>24</b> Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . <input checked="" type="radio"/> <b>24</b>	_____ 1,519.
<b>25</b> Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . <input checked="" type="radio"/> <b>25</b>	_____ 0.
<b>26 Total Itemized Deductions.</b> Add line 18 and line 25 . . . . . <input checked="" type="radio"/> <b>26</b>	_____ 300.
<b>27</b> Other adjustments. See instructions. Specify. <input checked="" type="radio"/> <b>27</b>	_____ <input checked="" type="radio"/>
<b>28</b> Combine line 26 and line 27. . . . . <input checked="" type="radio"/> <b>28</b>	_____ 300.
<b>29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>	
Single or married/RDP filing separately . . . . .	\$212,288
Head of household . . . . .	\$318,437
Married/RDP filing jointly or qualifying widow(er) . . . . .	\$424,581
<b>No.</b> Transfer the amount on line 28 to line 29.	
<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . . <input checked="" type="radio"/> <b>29</b>	_____ 300.
<b>30 Enter the larger of the amount on line 29 or your standard deduction listed below</b>	
Single or married/RDP filing separately. See instructions . . . . .	\$4,803
Married/RDP filing jointly, head of household, or qualifying widow(er) . . . . .	\$9,606
<b>Transfer the amount on line 30 to Form 540, line 18.</b> . . . . . <input checked="" type="radio"/> <b>30</b>	_____ 4,803.