

File by Mail Instructions for your 2020 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

John Samuel Dilip Jangam
861 Frederick Cmns
San Jose, CA 95126

Balance Due/Refund	Your federal tax return (Form 1040) shows you owe a balance due of \$707.00. You are paying by check.																		
What You Need to Mail	Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return. Your payment - Mail a check or money order for \$707.00, payable to "United States Treasury". Write your Social Security number and "2020 Form 1040" on the check. Mail the return and check together. Attach the first copy or Copy B of Form(s) W-2 to the front of your Form 1040. Mail your return, attachments and payment to: Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501 Deadline: Postmarked by Thursday, April 15, 2021 Note: Your state return may be due on a different date. Please review your state filing instructions. Don't forget correct postage on the envelope.																		
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.																		
2020 Federal Tax Return Summary	<table><tr><td>Adjusted Gross Income</td><td>\$</td><td>153,545.00</td></tr><tr><td>Taxable Income</td><td>\$</td><td>141,145.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>27,951.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>27,244.00</td></tr><tr><td>Payment Due</td><td>\$</td><td>707.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>18.20%</td></tr></table>	Adjusted Gross Income	\$	153,545.00	Taxable Income	\$	141,145.00	Total Tax	\$	27,951.00	Total Payments/Credits	\$	27,244.00	Payment Due	\$	707.00	Effective Tax Rate		18.20%
Adjusted Gross Income	\$	153,545.00																	
Taxable Income	\$	141,145.00																	
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Payment Due	\$	707.00																	
Effective Tax Rate		18.20%																	
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the Internal Revenue Service.																		

IF you live in . . .	THEN use this address to send in your payment . . .
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, Ohio, Oregon, North Dakota, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

TO PAY YOUR TAXES DUE BY CHECK, MAIL THIS FORM TO THE ADDRESS LISTED BELOW.

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service (99)

2020

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the 'United States Treasury.'
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount of your payment ▶	707.
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REV 03/01/21 TTW 1555

JOHN SAMUEL DILIP JANGAM
861 FREDERICK CMNS
SAN JOSE CA 95126

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

044490152 IA JANG 30 0 202012 610

Filing Status [X] Single [] 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: John Samuel Dilip
Last name: Jangam
Your social security number: 044-49-0152
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
861 Frederick Cmns
Apt. no.:
City, town, or post office. If you have a foreign address, also complete spaces below.
San Jose
State: CA
ZIP code: 95126
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [] 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

Table with 5 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 a checkbox for 'Dependents (see instructions):'.

Main income table with columns for line numbers and amounts. Includes sub-rows for 2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c, 11, 12, 13, 14, 15. Total income is 153,845.

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

File by Mail Instructions for your 2020 California Tax Return

Important: Your taxes are not finished until all required steps are completed.



(If you prefer, you can still e-file. Go to the end of these instructions for more information.)

John Samuel Dilip Jangam
861 Frederick Cmns
San Jose, CA 95126

Balance Due/Refund	Your California state tax return (Form 540) shows you are due a refund of \$1,518.00.															
What You Need to Mail	<p>Your tax return - The official return for mailing is included in this printout. Remember to sign and date the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none">- any Form(s) W-2G. Also attach any 592-B, 593, and 1099s that have California withholding to the front of your return. Do not attach any Forms(s) W-2. <p>Mail your return and attachments to:</p> <p>Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001</p> <p>Deadline: Postmarked by April 15, 2021</p> <p>Don't forget correct postage on the envelope.</p>															
What You Need to Keep	Keep these instructions and a copy of your return for your records. If you did not print one before closing TurboTax, go back to the program and select File tab, then select the Print for Your Records category.															
2020 California Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>149,244.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>10,884.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>12,402.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>1,518.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>7.07%</td></tr></table>	Taxable Income	\$	149,244.00	Total Tax	\$	10,884.00	Total Payments/Credits	\$	12,402.00	Amount to be Refunded	\$	1,518.00	Effective Tax Rate		7.07%
Taxable Income	\$	149,244.00														
Total Tax	\$	10,884.00														
Total Payments/Credits	\$	12,402.00														
Amount to be Refunded	\$	1,518.00														
Effective Tax Rate		7.07%														
Special Formatting	Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.															
Changed Your Mind About e-filing?	You can still file electronically. Just go back to TurboTax, select the File tab, then select the E-file category. We'll walk you through the process. Once you file, we will let you know if your return is accepted (or rejected) by the state taxing agency.															

2020 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

044-49-0152 JANG
JOHNSAMUELD JANGAM

20

861 FREDERICK CMNS
SAN JOSE CA 95126

10-12-1980

Principal Residence

Enter your county at time of filing (see instructions)

SANTA CLARA

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 \$124 = \$ 124

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

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

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 \$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: JANGAM

Your SSN or ITIN: 044-49-0152

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: Your SSN or ITIN:

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 <input type="text" value="1518"/> <input type="text" value=".00"/>
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98 <input type="text"/> <input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text" value="1518"/> <input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text"/> <input type="text" value=".00"/>

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

Your name: JANGAM Your SSN or ITIN: 044-49-0152

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. Pay Online - Go to ftb.ca.gov/pay for more information.

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

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.

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 Direct deposit amount

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 Direct deposit amount

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 5105028846

Sign Here

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

Joint tax return? (See instructions)

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) SELF PREPARED 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

2020

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 044490152

b. Employer identification number (EIN) 941081436

c. Employer's name HP INC

Employer's address 1501 PAGE MILL RD MS 1500

City PALO ALTO State CA ZIP code 94304

e. Employee's first name* JOHN Initial* S Last name* DILIP JANGAM Suffix*

f. Employee's address* 861 FREDERICK COMMONS

City* SAN JOSE State* CA ZIP code* 95126

1. Wages, tips, other compensation 153,807.

2. Federal income tax withheld 27,235.

3. Social security wages 137,700.

4. Social security tax withheld 8,537.

6. Medicare tax withheld 2,295.

7. Social security tips

8. Allocated tips (not included in box 1)

10. Dependent care benefits

11. Nonqualified plans

12. Codes and amounts

12a. Code <input type="radio"/> AA Amount <input type="radio"/> 2,260.	12c. Code <input type="radio"/> D Amount <input type="radio"/> 4,454.
12b. Code <input type="radio"/> C Amount <input type="radio"/> 72.	12d. Code <input type="radio"/> DD Amount <input type="radio"/> 6,432.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type Amount

16. State wages, tips, etc. 153,807.

15. State and employer's state ID number

State CA Employer's state ID number 030-1205 1

17. State income tax 12,402.

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

SSN or ITIN

JOHN SAMUEL DILIP JANGAM

044490152

Part I Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 1-7: Wages, salaries, tips, etc. (153,807); Taxable interest; Ordinary dividends (38); IRA distributions; Pensions and annuities; Social security benefits; Capital gain or (loss).

Section B — Additional Income from federal Schedule 1 (Form 1040)

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 1-8: Taxable refunds, credits, or offsets of state and local income taxes (0); Alimony received; Business income or (loss); Other gains or (losses); Rental real estate, royalties, partnerships, S corporations, trusts, etc.; Farm income or (loss); Unemployment compensation; Other income (California lottery winnings, NOL from FTB 3805Z, 3807, or 3809; Disaster loss deduction from FTB 3805V; Federal NOL; NOL deduction from FTB 3805V; Student loan discharged due to closure of a for-profit school).

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

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 10-23: Educator expenses; Certain business expenses of reservists, performing artists, and fee-basis government officials; Health savings account deduction; Moving expenses; Deductible part of self-employment tax; Self-employed SEP, SIMPLE, and qualified plans; Self-employed health insurance deduction; Penalty on early withdrawal of savings; Alimony paid; IRA deduction; Student loan interest deduction; Tuition and fees; CHARITABLE CONTRIBUTIONS (300); Total.

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
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Medical and Dental Expenses See instructions.

1 Medical and dental expenses	<input checked="" type="radio"/>	0.	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	153,545.	2			
3 Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	11,516.	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"/> 0.

Taxes You Paid

5a State and local income tax or general sales taxes	<input checked="" type="radio"/>	12,402.	<input checked="" type="radio"/>	12,402.		
5b State and local real estate taxes	<input checked="" type="radio"/>					
5c State and local personal property taxes	<input checked="" type="radio"/>	0.				
5d Add line 5a through line 5c.	<input checked="" type="radio"/>	12,402.				
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"/>	10,000.	<input checked="" type="radio"/>	12,402.	<input checked="" type="radio"/>	2,402.
6 Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7 Add line 5e and line 6.	<input checked="" type="radio"/>	10,000.	<input checked="" type="radio"/>	12,402.	<input checked="" type="radio"/>	2,402.

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"/>	700.	<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"/>	700.	<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"/>	10,700.	<input checked="" type="radio"/>	12,402.	<input checked="" type="radio"/>	2,402.

18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	700.
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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 11 153,545.

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

