Department of the Treasury Internal Revenue Service

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IRS e-file Signature Authorization

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

Submission Identification Number (SID)

T.....

Taxpayer's name	Social security number						
ABHINAV AKUTHOTA	862-94-6678						
Spouse's name	Spouse's social security number						
Part I Tax Return Information – Tax Year Ending December 31, 2021 (Enter							
• • •	year you are authorizing.)						
Enter whole dollars only on lines 1 through 5.							
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.							
1 Adjusted gross income	1 124,872.						
2 Total tax	20,978.						
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3 20,978.						
4 Amount you want refunded to you	4						
5 Amount you owe	5 0.						
Part II Taxpayer Declaration and Signature Authorization (Be sure you get and k	eep a copy of your return)						

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

Taxpay	er's PIN: che	ck one bo	x only						4	6	6	7 8	
X	I authorize	GLOBAL	TAXES	LLC		to enter or	generate	my PIN		-	_		as my
				ERO firm name		•					/e digit nter all		
	signature or	1 the incom	ie tax reti	urn (original or amer	nded) I am now	authorizing.							
	I will enter n	ny PIN as r	ny signat	ure on the income	tax return (origii	nal or amend	ed) I am n	ow autho	orizir	ng. (Checł	< this	box only
	if you are er	ntering you	ir own Pll	N and your return is	s filed using the	Practitioner	PIN meth	od. The E	ERO) mu	ist cc	mple	te Part III
	below.		(A U	alinor				_ 1					_
Vour sic	nature 🕨		99BE	1 I F			Date ►	03/	Ó		2r	ל גר	7
			$\overline{\mathcal{O}}$					1		'	W,		<u> </u>
Spouse	's PIN: chec	k one box	only										1
	I authorize					to enter or	generate	my PIN					as my
				ERO firm name		•	•				/e digit		
	signature or	1 the incom	ie tax reti	urn (original or amer	nded) I am now	authorizing.			dor	ı't er	nter all	zeros	
	I will enter n	ny PIN as r	ny signat	ure on the income	tax return (origii	nal or amend	ed) I am n	ow autho	orizir	ng. (Checł	< this	box only
	if you are er	ntering you	ir own Pll	N and your return is	s filed using the	Practitioner	PIN meth	od. The E	ERO) mu	ust cc	mple	te Part III
	below.												
Spouse	's signature 🕨	•					Date 🕨						
			Pra	ctitioner PIN Met	hod Returns O	nly—contin	ue below						
Part II	Certific	ation and	J Auther	ntication – Pract	titioner PIN M	lethod Only	/						

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

7 2 7 8 6 1 9 Don't enter all zeros

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

ERO's signature 🕨	ERO's signature ► Date ►									
ERO Must Retain This Form — See Instructions Don't Submit This Form to the IRS Unless Requested To Do So										
For Denerwork Deduction Act Nation and your toy		Earm 8879 (Bay, 01 2021)								

5 8 8 9

E 104(artment of the Treasury—Internal Revenue Servi S. Individual Income Tax		(99) S urn	202	21	OMB No. 15	45-007	4 IRS U	se Only	–Do not v	vrite or staple	in this space.
Filing Statu Check only one box.	lf yo	Single Married filing jointly ou checked the MFS box, enter the n son is a child but not your dependen	ame of	-			Head ked the HOH						
Your first name	•	, , , , , , , , , , , , , , , , , , ,	Last na	ame							Your so	cial securi	tv number
ABHINAV				гнота								94-667	-
If joint return, s	spouse's	s first name and middle initial	Last na								Spouse	's social se	curity number
Home address		er and street). If you have a P.O. box, see AVE	instruct	ions.					Apt. no. 308		Check	here if you,	
City, town, or	oost offi	ce. If you have a foreign address, also co	mplete s	spaces be	low.	Sta	te	ZIP	code				ntly, want \$3
SUNNYVA	LE					C	A	94	1085		Ŭ	ow will not	Checking a change
Foreign countr	y name			Foreign p	rovince/state	/coun	ty	For	eign posta	code	1	x or refund	0
At any time du	uring 20	021, did you receive, sell, exchange	, or othe	erwise di	spose of ar	iy fina	ancial interes	t in ar	ny virtual	curre	ncy?	Ves	X No
Standard Deduction Age/Blindnes		eone can claim: You as a de Spouse itemizes on a separate retur : Were born before January 2, 1	n or you		dual-status				efore Jan	uary 2	2, 1957	🗌 ls b	lind
Dependent	s (see	instructions):	•	(2) 5	Social securi		(3) Relation			,	-	r (see instru	uctions):
If more		irst name Last name		(_)	number	. y	to you	loinp	1	tax c			her dependents
than four	. ,												
dependents,										$\overline{\Box}$			
see instruction and check	IS									$\overline{\Box}$			
here 🕨 🗌													
	1	Wages, salaries, tips, etc. Attach F	- orm(s)	W-2 .							. 1	1	24,872.
Attach	2a	Tax-exempt interest	2a			bТ	axable intere	est			. 2b		
Sch. B if	3a	Qualified dividends	3a				Ordinary divid				. 3b)	
required.	4a	IRA distributions	4a				axable amou				. 4b)	
	5a	Pensions and annuities	5a			bТ	axable amou	unt.			. 5b)	
Standard	6a	Social security benefits	6a			bТ	axable amou	unt.			. 6b)	
Deduction for-	7	Capital gain or (loss). Attach Sche	dule D i	if require	d. If not rec	uired	, check here				7		
 Single or Married filing 	8	Other income from Schedule 1, lin	ie 10								. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. ⁻	This is yc	our total in d	ome					▶ 9	1	24,872.
 Married filing 	10	Adjustments to income from Sche	dule 1,	line 26							. 10)	
jointly or Qualifying	11	Subtract line 10 from line 9. This is	s your a	djusted	gross inco	me					▶ 11	1	24,872.
widow(er), \$25,100	12a	Standard deduction or itemized	deduct	tions (fro	m Schedul	e A)	1	2a	12	,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard de	duction (se	e instr	ructions) 1	2b					
household, \$18,800	с	Add lines 12a and 12b	Add lines 12a and 12b									c	12,550.
 If you checked 	13	Qualified business income deduct	ion fron	n Form 8	995 or Forr	n 899	95-A				. 13		
any box under Standard	14	Add lines 12c and 13									. 14	L .	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lir	ne 11. lf z	zero or less	, ente	er-0				. 15		12,322.
)												

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

Form **1040** (2021)

Form 1040 (2021)								Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 4972	3		16	20,978.
	17	Amount from Schedule 2, line	e3					17	
	18	Add lines 16 and 17						18	20,978.
	19	Nonrefundable child tax cred	it or credit for o	ther depender	nts from Schedul	e 8812		19	
	20	Amount from Schedule 3, line	e8					20	
	21	Add lines 19 and 20						21	
	22	Subtract line 21 from line 18.	If zero or less,	enter -0				22	20,978.
	23	Other taxes, including self-er	nployment tax,	from Schedule	e 2, line 21 .			23	0.
	24	Add lines 22 and 23. This is y	our total tax				. 🕨	24	20,978.
	25	Federal income tax withheld	from:						
	а	Form(s) W-2				25a 20	,978.		
	b	Form(s) 1099				25b			
	С	Other forms (see instructions)			25c			
	d	Add lines 25a through 25c .						25d	20,978.
If you have a	26	2021 estimated tax payments	s and amount a	pplied from 20				26	
qualifying child,	27a	Earned income credit (EIC) .			NO	27a			
attach Sch. EIC.		Check here if you were b							
		January 2, 2004, and you taxpayers who are at least ag							
	b	Nontaxable combat pay elec		1 1					
	с	Prior year (2019) earned inco	me	. 27c					
	28	Refundable child tax credit or	additional child	tax credit from	Schedule 8812	28			
	29	American opportunity credit	from Form 8863	8, line 8		29			
	30	Recovery rebate credit. See i	nstructions .			30			
	31	Amount from Schedule 3, line	e15			31			
	32	Add lines 27a and 28 through	n 31. These are	your total oth	er payments and	d refundable cred	lits 🕨	32	
	33	Add lines 25d, 26, and 32. Th	nese are your to	tal payments			. 🕨	33	20,978.
Refund	34	If line 33 is more than line 24	, subtract line 24	4 from line 33.	This is the amou	nt you overpaid		34	
neruna	35a	Amount of line 34 you want r	efunded to you	I. If Form 8888	3 is attached, che	ck here		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	Checking	Savings		
See instructions.	►d	Account number X X X	X X X X	x x x x	x x x x x	XX			
	36	Amount of line 34 you want a	pplied to your	2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract	ine 33 from line	24. For details	s on how to pay,	see instructions	. 🕨	37	0.
You Owe	38	Estimated tax penalty (see in	structions) .		🕨	38			
Third Party Designee		you want to allow another tructions	person to disc	cuss this retu	rn with the IRS?	P See . ▶ □ Yes. Co	omplete k	below.	X No
J	De	signee's		Phone			onal identi		
		ne 🕨		no. 🕨			ber (PIN)		
Sign Here		der penalties of perjury, I declare the ief, they are true, correct, and comp							
nere	Yo	ur signature		Date	Your occupation				nt you an Identity IN, enter it here
Joint return?					DEVOPS EN	GINEER		inst.) 🕨	
See instructions. Keep a copy for your records.	Sp	ouse's signature. If a joint return, b	oth must sign.	Date	Spouse's occupat		Iden		nt your spouse an ection PIN, enter it here
	Ph	one no. (408)505-4874	1	Email address		S102@GMAIL.CO			
		parer's name	Preparer's signat	1	ADII TINA V • TDK	Date	PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM			GUPTA TALLAM		P0208	2703	Self-employed
Preparer		n's name GLOBAL TAX			COLIN IMUM				678)965-9522
Use Only		n's address > 2530 Pebbl		n Cummin	a GA 30041			's EIN ▶	
Go to www.irs.or		1040 for instructions and the lates			BAA		1		Form 1040 (2021)
			a mornation.		DAA	REV 02/17/22 PRO			

TAXABLE YEARFORM2021California e-file Signature Authorization for Individuals8879

		0015
Your name	Your SSN or ITIN	
ABHINAV AKUTHOTA	862-94-667	8
Spouse's/RDP's name	Spouse's/RDP's SS	SN or ITIN
Part I Tax Return Information (whole dollars only)		
		12/ 072
 California adjusted gross income (AGI). See instructions Amount You Owe. See instructions 	ا <u>ا</u>	124,072.
3 Refund or No Amount Due. See instructions		
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and		
identification number (ITIN), and the amounts shown in Part I above agree with the information income tax return. If applicable, I authorize an electronic funds withdrawal of the amoun and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable agrees with the direct deposit authorization stated on my return. If I have filed a joint ret domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct provider to transmit my complete return to the Franchise Tax Board (FTB). If the process to my ERO, intermediate service provider, and/or transmitter the reason(s) for the de return, I understand that if the FTB does not receive full and timely payment of my tax lia penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawa selected a personal identification number (PIN) as my signature for my electronic incom Taxpayer's PIN: check one box only	It on line 2 and/or the estimated tax payments as show, e form. If applicable, I declare that direct deposit refund urn, this is an irrevocable appointment of the other spo et deposit. I authorize my ERO, transmitter, or intermed sing of my return or refund is delayed, I authorize the lay or the date when the refund was sent . If I am filin ability, I remain liable for the tax liability and all applical al Consent included on the copy of my electronic incom	n on my return d amount on line 3 buse/registered iate service e FTB to disclose g a balance due ble interest and ne tax return. I have
I authorize GLOBAL TAXES LLC	to enter my PIN 4	6 6 7 8
ERO firm name		t enter all zeros
as my signature on my 2021 e-filed California individual income tax return.		
I will enter my PIN as my signature on my 2021 e-filed California individual income return is filed using the Practitioner PIN method. The ERO must complete Part III b		r own PIN and you
Your signature	Date	
Spouse's/RDP's PIN: check one box only		
	to enter my PIN	

I will enter my PIN as my signature on my 2021 e-filed California individual income tax return. Check this box only if you are entering your own PIN

Practitioner PIN Method Returns Only -- continue below

I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2021 Handbook for Authorized

Date) 03/01/2022

5 8 7 2 7

Date 🕨

8 6 1

Do not enter all zeros

ERO firm name

and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

as my signature on my 2021 e-filed California individual income tax return.

Part III Certification and Authentication — Practitioner PIN Method Only

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Spouse's/RDP's signature

e-file Providers.

ERO's signature

9

8

Do not enter all zeros

9

540

2021 California Resident Income Tax Return

				APE			DO	NOT	ATTACH	FEDERAL	RETURN
862-94-6678 ABHINAV		JTHO'	ГА				21				
955 ESCALON SUNNYVALE	AVE	CA	94085		APT	308	3				
11-16-1992											

		Enter your county at time of filing (see instructions)
ë	$oldsymbol{igo}$	SANTA CLARA
enc		If your address above is the same as your principal/physical residence address at the time of filing, check this box 🖲 🗙
sid		If not, enter below your principal/physical residence address at the time of filing.
å		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	$oldsymbol{igo}$	
inc	\bigcirc	
2		City State ZIP code
	$oldsymbol{O}$	
		If your California filing status is different from your federal filing status, check the box here
S	1	× Single 4 Head of household (with qualifying person). See instructions.
tatu		
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
ilin		
ш		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst 💿 6
_	Εo	r 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.
s	7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked Whole dollars only
Exemptions	'	box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. (\bigcirc 7 $ $ 1 $ $ X \$129 = (\bigcirc \$ 129
npt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
xer		if both are visually impaired, enter 2
ш	9	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions
		if both are 65 or older, enter 2. See instructions
		175 3101214 REV 02/16/22 PRO Form 540 2021 Side 1

Υοι	ır nar	пе: АКИТНО	ТА	Your SSN or ITI	N: 862-	94-6678								
	10 I	•	ot include yourself or yo Dependent 1	•	Dependent 2			Dependent 3						
		First Name 💿												
ns		Last Name 🔘					۲							
Exemptions		SSN. See instructions.					•							
Exe		Dependent's relationship												
	Tota	to you I dependent exemp	tions	<u> </u>		10 X	\$400 = 🖲	\$						
	11		nt: Add line 7 through li						129					
	12	State wages from												
		Form(s) W-2, box	(16	• 12		124872	00							
	13 14		isted gross income from nents – subtractions. Er				• 13	12487	2 .00					
		Part I, line 27, co	lumn B				• 14		.00					
me	15	See instructions	rom line 13. If less than				15	12487	2 .00					
Taxable Income	16	California adjustn Part I, line 27, co	nents – additions. Enter Iumn C	the amount from So	chedule CA (5	940), 	• 16		. 00					
xable	17	California adjuste	d gross income. Combi	pross income. Combine line 15 and line 16										
Ца	18		California itemized dec		,		R							
		~ <	⁻ California standard de ngle or Married/RDP filir		•	•	4,803							
			rried/RDP filing jointly, rried/RDP filing separately				9,606 J	480	3 .00					
	19	Subtract line 18 f	rom line 17. This is you enter -0-	r taxable income.				12006						
		IT less than zero,												
	31	Tax. Check the bo	ox if from:	Table ×	Tax Rate Sc	nedule			_					
				3800			• 31	816	9 .00					
Тах	32	•	s. Enter the amount fror structions	•			④ 32	12	9 _ 00					
Ë	33	Subtract line 32 f	rom line 31. If less than	zero, enter -0			• 33	804	0.00					
	34	Tax. See instructi	ons. Check the box if fro	om: Schedu	ile G-1 •	FTB 5870A	• 34		. 00					
	35	Add line 33 and li	ne 34				• 35	804	0 _ 00					
s														
Special Credits	40	Nonrefundable Cl	nild and Dependent Care	Expenses Credit. S	ee instruction	18	• 40		<u> </u>					
cial C	43	Enter credit name		cod		and amount	• 43							
Spe	44	Enter credit name	9	cod	le •	and amount	• 44		- 00					
		Side 2 Form 540	2021	175 3	102214			REV 02/16/22 PRO						
						-								

You	ır nar	ne:	АКИТНОТА		Your SSN or ITIN:	862-94-66	78				
S	45	То с	laim more than two credits	. See insti	ructions. Attach Schedul	e P (540)	•	45			. 00
Special Credits	46	Non	refundable Renter's Credit.	See instru	uctions		•	46			. 00
ecial (47	Add	line 40 through line 46. Th	iese are yo	our total credits			9 47			. 00
Sp	48	Sub	tract line 47 from line 35. I	f less than	ı zero, enter -0			48		8040	. 00
	61		rnative Minimum Tax. Attac]	• 00
axes	62		tal Health Services Tax. Se								• 00
Other Taxes	63		er taxes and credit recaptur								. 00
0	64	Exce	ess Advance Premium Assi	stance Su	bsidy (APAS) repayment	. See instructions	S •	64			• 00
	65	Add	line 48, line 61, line 62, lin	e 63, and	line 64. This is your tota	l tax	• • • •	65		8040	• 00
	71	Calif	ornia income tax withheld.	See instru	uctions		•	71		9145	. 00
	72	202 ⁻	1 CA estimated tax and oth	er paymer	nts. See instructions		•	72			. 00
ents	73	With	holding (Form 592-B and/	or 593). S	•	73			. 00		
	74	Exce	ess SDI (or VPDI) withheld	. See instr	•	74			. 00		
Payments	75	Earn	ed Income Tax Credit (EIT)	C)			•	75			. 00
	76	Your	ng Child Tax Credit (YCTC).	. See instr	uctions		•	76			. 00
	77		Premium Assistance Subsi	- ()			•	77			. 00
	78		line 71 through line 77. Th		our total payments.) 78		9145	. 00
Тах	91	Use	Tax. Do not leave blank. S	ee instruc	tions	91			0.00		
n N Se		lf lin	e 91 is zero, check if:	× No	use tax is owed.	You paid you	ur use tax ob	ligatio	n directly to CDTFA.		
ISR Penaltv	92	See	ou and your household had instructions. Medicare Par ou did not check the box, s	t A or C co	overage is qualifying hea		• • • •	×			
		Indiv	vidual Shared Responsibili	ty (ISR) Pe	enalty. See instructions .	• 92			• 00		
Overpaid Tax/Tax Due	93	Payr	nents balance. If line 78 is	more thar	n line 91, subtract line 91	I from line 78		9 3		9145	. 00
Tax/Ti	94 95		Tax balance. If line 91 is r nents after Individual Shar) 94			. 00
'paid		subt	ract line 92 from line 93				•	95		9145	- 00
Over	96		vidual Shared Responsibili ract line 93 from line 92					96			- 00

You	ır nar	ne:	АКИТНОТА	Your SSN or ITIN:	862-94-6678	_	-		
Due	97	Ovei	rpaid tax. If line 95 is more than line (65, subtract line 65 from	line 95	• 97	1105].	00
x/Tax	98	Amo	ount of line 97 you want applied to yo	ur 2022 estimated tax .		• 98	0].	00
aid Ta	99		rpaid tax available this year. Subtract				1105].	00
Overpaid Tax/Tax Due	100		due. If line 95 is less than line 65, sul].	00
							Amount	_	
		Calif	ornia Seniors Special Fund. See instr	uctions]_	00
			eimer's Disease and Related Dementi]	00
				-]	00
			and Endangered Species Preservatio	-	-			1	\square
			ornia Breast Cancer Research Volunt	-				1	00
		Calif	ornia Firefighters' Memorial Voluntar	y Tax Contribution Fund		• 406]	00
		Eme	rgency Food for Families Voluntary Ta	ax Contribution Fund		• 407		1	00
		Calif	ornia Peace Officer Memorial Founda	tion Voluntary Tax Contr	ibution Fund	• 408] .]	00
		Calif	ornia Sea Otter Voluntary Tax Contrib	ution Fund		• 410] .	00
		Calif	ornia Cancer Research Voluntary Tax	Contribution Fund		• 413].	00
ions		Scho	ool Supplies for Homeless Children V	oluntary Tax Contribution	n Fund	• 422		.	00
Contributions		State	e Parks Protection Fund/Parks Pass F	urchase		• 423		.	00
Con		Prot	ect Our Coast and Oceans Voluntary	Tax Contribution Fund		• 424			00
		Keep	Arts in Schools Voluntary Tax Contr	ibution Fund		• 425].	00
		Prev	ention of Animal Homelessness and	Cruelty Voluntary Tax Co	ntribution Fund	• 431].	00
		Calif	ornia Senior Citizen Advocacy Volunt	ary Tax Contribution Fun	d	• 438].	00
		Nativ	ve California Wildlife Rehabilitation Vo	oluntary Tax Contributior	1 Fund	• 439].	00
		Rape	e Kit Backlog Voluntary Tax Contribut	on Fund		• 440].	00
		Scho	ools Not Prisons Voluntary Tax Contri	bution Fund		• 443].	00
		Suic	ide Prevention Voluntary Tax Contribu	ution Fund		• 444].	00
			tal Health Crisis Prevention Voluntary].	00
			ornia Community and Neighborhood].	00
	110	Add	code 400 through code 446. This is	our total contribution .	······	• 110].	00

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You	r nan	ne: AKUTHOTA Yo	our SSN or ITIN:	862-94-66	578				
Amount You Owe	111	AMOUNT YOU OWE. If you do not have an amo Mail to: FRANCHISE TAX BOARD, PO BOX 9 Pay Online – Go to ftb.ca.gov/pay for more in	42867, SACRAMENT			e instruc	tions. D	o not send cash.	. 00
and ies	112 113	Interest, late return penalties, and late paymer Underpayment of estimated tax.	nt penalties		112				. 00
Interest and Penalties		Check the box: FTB 5805 attached	• FTB 5805F	attached	• 113				. 00
-		Total amount due. See instructions. Enclose, b	out do not staple, any	payment	114				. 00
	115	REFUND OR NO AMOUNT DUE. Subtract the	sum of line 110, line ⁻	112 and line 11	13 from line 99. See ir	nstructio	ns.		
		Mail to: FRANCHISE TAX BOARD, PO BOX 94	2840, SACRAMENTO	CA 94240-000	01 • 115			1105	. 00
Refund and Direct Deposit		Fill in the information to authorize direct deports See instructions. Have you verified the routin All or the following amount of my refund (line	g and account numb	ers? Use whole	e dollars only.			or a deposit slip.	
Dire		Routing number Type Checking	Account number			• 116	Direct d	eposit amount	
l pu			5007474575					1105	. 00
ind å		Savings							
Refu		The remaining amount of my refund (line 115) is authorized for dire	ect deposit into	o the account shown b	pelow:			
		Type Routing number Checking A	Account number			• 117	Direct d	eposit amount	
						-			. 00
		Savings							• <u>00</u>
		NT: See the instructions to find out if you shou							
to loo Unde	cate FT er pena	notice can be found in annual tax booklets or online. G B 1131 EN-SP, Franchise Tax Board Privacy Notice on (alties of perjury, I declare that I have examined this ta rect, and complete.	Collection. To request this	notice by mail, c	all 800.338.0505 and ente	er form co	de 948 w	hen instructed.	
	signat		Date		Spouse's/RDP's signatu	ire (if a joi	nt tax ret	urn, both must sign)
		Your email address. Enter only one email	address.			(Prefe	rred phone number	
Si	gn						4085	5054874	
	ere	Paid preparer's signature (declaration of pr	eparer is based on all i	nformation of w	hich preparer has any	knowledg	je)		
-	unlaw	SYAM PRIYA RAM SAGA	R GUPTA TA	LLAM					
to fo	rge a use's/	Firm's name (or yours, if self-employed)						PTIN	
RDF		GLOBAL TAXES LLC						P020827	03
•	t tax	Firm's address						● Firm's FEIN	
retu	rn?	2530 PEBBLE CREEK L	N CUMMING	GA 3004	1			3010171	96
(See instr	uctior	ns) Do you want to allow another person to	o discuss this tax retur	rn with us? See	e instructions	•	Yes	× No	
		Print Third Party Designee's Name				· · ·		e Number	
		_							
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