Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	5.50.00 05.000				
Submis	sion Identification Number (SID)				
Taxpayer'	's name	Social securi	ty numb	er	
ABHII	NAV AKUTHOTA	862-94	-6678	3	
Spouse's		Spouse's soo			er
Part I	Tax Return Information — Tax Year Ending December 31, 2021 (Ent	er year you a	re aut	horizina	1
,	hole dollars only on lines 1 through 5.	ei yeai you a	i e aui	inonzing	·)
	form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.				
	Adjusted gross income		11	124	1,872.
	Total tax		2		7,978.
	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3),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	l keep a cop	y of y	our retu	ırn)
my know return (or to send if for any of Agent to payment authoriza payment business taxes to personal	enalties of perjury, I declare that I have examined a copy of the income tax return (original or amend- vledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I ab- riginal or amended) I am now authorizing. I consent to allow my intermediate service provider, trans- my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for re- lelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account is of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institu- ation is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to termin to a days prior to the payment (settlement) date. I also authorize the financial institutions involved in the receive confidential information necessary to answer inquiries and resolve issues related to the identification number (PIN) below is my signature for the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information received to the income tax return (original or amended) in the confidential information rece	ove are the amemitter, or electro- ejection of the transport of transport of the transport of the transport of trans	ounts from the country of the country the country the country the country of the	rom the in urn origina ssion, (b) to designated paration so to this acc or evoke wed no late ectronic parknowledge	acome tax ator (ERO) he reason I Financial oftware for ount. This (cancel) a ter than 2 ayment of e that the
	er's PIN: check one box only				
\mathbf{x}	I authorize GLOBAL TAXES LLC to enter or generate	e mv PIN	6 6	5 7 8	as my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but r all zeros	,
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Your sig	gnature ▶ Date ▶				
Spouse	e's PIN: check one box only				
	I authorize to enter or generat	e my PIN			as my
	ERO firm name	,	ter five	digits, but	ao my
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros	
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN me below.				
Spouse	's signature ▶ Date ▶				
	Practitioner PIN Method Returns Only—continue belo	w			
Part II	Certification and Authentication — Practitioner PIN Method Only				
ERO's I	EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5	8 7 2 7 Don't ent	8 6 er all ze		3 9
authorize	that the above numeric entry is my PIN, which is my signature for the electronic individual income ed to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subsents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Providers of	omitting this retu	ırn in a	ccordance	
ERO's s	signature ▶ Date ▶				
	ERO Must Retain This Form — See Instructions				
	Don't Submit This Form to the IRS Unless Requested To	Do So			

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly [u checked the MFS box, enter the r on is a child but not your depender	name of	led filing separately your spouse. If you		_		, ,	_		
Your first name	and mi	ddle initial	Last na	ame					Your so	cial securit	y number
ABHINAV			AKU'	THOTA					862-	94-667	8
If joint return, s	pouse's	first name and middle initial	Last na	ame					Spouse	's social sec	curity number
	•	r and street). If you have a P.O. box, see	e instruct	ions.				Apt. no.		ential Election	on Campaign
955 ESCA				b-l	104-		710	308			tly, want \$3
		ce. If you have a foreign address, also co	ompiete s	spaces below.	Sta			code	to go to	this fund.	Checking a
SUNNYVAI				Faraign province/atats	C		<u> </u>	1085		low will not x or refund.	
Foreign country	/ name			Foreign province/state	Coun	ity	FORE	eign postal code	your tax	You	Spouse
At any time du	ring 20	021, did you receive, sell, exchange	, or oth	erwise dispose of a	ny fina	ancial interest i	n an	y virtual curre	ncy?	Yes	⊠ No
Standard	Som	eone can claim: You as a de	epender	nt 🗌 Your spou	se as	a dependent					
Deduction		Spouse itemizes on a separate retu	rn or yo	u were a dual-status	s alier	า					
Age/Blindness	You:	☐ Were born before January 2,	1957 [Are blind Sp	ouse	: Was bor	rn be	efore January 2	2, 1957	☐ Is bli	ind
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relationsh	nip	(4) 🗸 if q	ualifies fo	r (see instru	ctions):
If more	(1) Fi	rst name Last name		number		to you		Child tax ci	redit	Credit for oth	her dependents
than four											<u> </u>
dependents, see instruction:	s ——										
and check											
here ▶ ∐										[[<u> </u>
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. 1	1	24,872.
Attach	2a	Tax-exempt interest	2a		b T	axable interest	t		. 2b)	
Sch. B if required.	3a	Qualified dividends	3a		b (Ordinary divide	nds		. 3b)	
	4a	IRA distributions	4a		b T	axable amoun	t.		. 4b)	
	5a	Pensions and annuities	5a		b T	axable amoun	t.		. 5b)	
Standard	6a	Social security benefits	6a		b T	axable amoun	t.		. 6b)	
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	dule D	if required. If not red	quired	l, check here		▶ [7		
Married filing	8	Other income from Schedule 1, lin	ne 10						. 8		
separately, \$12,550	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8.	This is your total in	come				▶ 9	12	24,872.
Married filing	10	Adjustments to income from Sche	edule 1,	line 26					. 10)	
jointly or Qualifying	11_	Subtract line 10 from line 9. This i	s your a	djusted gross inco	me				▶ 11	12	24,872.
widow(er), \$25,100	12a	Standard deduction or itemized	deduc	tions (from Schedul	e A)	12	а	12,55	0.		
Head of	b	Charitable contributions if you take	the sta	ndard deduction (se	e insti	ructions) 12I	b				
household, \$18,800	С	Add lines 12a and 12b							. 120	c 1	12,550.
If you checked	13	Qualified business income deduc-	tion fron	n Form 8995 or For	n 899	95-A			. 13	3	
any box under Standard	14	Add lines 12c and 13							. 14	. 1	12,550.
Deduction, see instructions.	15	Taxable income. Subtract line 14	from lin	ne 11. If zero or less	, ente	er -0			. 15	5 11	12,322.

	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 3					17	
	18	Add lines 16 and 17					18	20,978.
	19	Nonrefundable child tax credit or credit	for other depender	nts from Schedule	8812		19	
	20	Amount from Schedule 3, line 8					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-employment	t tax, from Schedule	e 2, line 21			23	0.
	24	Add lines 22 and 23. This is your total	tax			▶	24	20,978.
	25	Federal income tax withheld from:						
	а	Form(s) W-2			25a 2	0,978.		
	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 and amo	unt applied from 20				26	
qualifying child,	27a	Earned income credit (EIC)		No	27a			
attach Sch. EIC.		Check here if you were born after January 2, 2004, and you satisfy a taxpayers who are at least age 18, to c	all the other requi	rements for				
	b	Nontaxable combat pay election	27b					
	С	Prior year (2019) earned income	27c					
	28	Refundable child tax credit or additional	child tax credit from	Schedule 8812	28			
	29	American opportunity credit from Form	8863, line 8		29			
	30	Recovery rebate credit. See instruction	s		30			
	31	Amount from Schedule 3, line 15			31			
	32	Add lines 27a and 28 through 31. These	e are your total oth	er payments and	refundable cr	edits >	32	
	33	Add lines 25d, 26, and 32. These are yo	our total payments			▶	33	20,978.
Refund	34	If line 33 is more than line 24, subtract	line 24 from line 33.	This is the amou	nt you overpaid	١	34	
riorana	35a	Amount of line 34 you want refunded t	o you. If Form 8888	3 is attached, chec	ck here	. ▶ 🗌	35a	
Direct deposit?	►b	Routing number X X X X X X						
See instructions.	►d	Account number X X X X X X	X X X X	X X X X X	X X			
	36	Amount of line 34 you want applied to	your 2022 estimate	ed tax 🕨	36			
Amount	37	Amount you owe. Subtract line 33 from	n line 24. For detail	s on how to pay,	see instructions	. ▶	37	0.
You Owe	38	Estimated tax penalty (see instructions))	🕨	38			
Third Party Designee	ins				Yes.	Complete I		⊠ No
		signee's ne ▶	Phone no. ▶			rsonal identi mber (PIN) 🕨		
Ciana		der penalties of perjury, I declare that I have ex						et of my knowledge and
Sign		ef, they are true, correct, and complete. Declar						
Here	You	ır signature	Date	Your occupation		If the	RS ser	nt you an Identity
	k							IN, enter it here
Joint return?				DEVOPS ENC			inst.) 🕨	
See instructions. Keep a copy for	Spe	buse's signature. If a joint return, both must sign	gn. Date	Spouse's occupati	ion			nt your spouse an ection PIN, enter it here
your records.							inst.) ▶	1 1 1 1 1 1
	——Pho	one no. (408)505-4874	Email address	ABHINAV.IDKS		COM		
		parer's name Preparer's			Date	PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PR	IYA RAM SAGAR	GUPTA TALLAM	03/01/2022	P0208	2703	Self-employed
Preparer		n's name ► GLOBAL TAXES LLC			1			678)965-9522
Use Only		n's address ▶ 2530 Pebble Cree		g GA 30041			's EIN ▶	
Go to www.irs.a		11040 for instructions and the latest informatio		BAA	REV 02/17/22 PRC			Form 1040 (2021)
3				-, 1				()

Form 1040 (2021)

Page **2**

Your SSN or ITIN

TAXABLE YEAR FORM

2021	California e	e-file Signature	Authorization	for Individuals
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8879

ABHINAV AKUTHOTA	862-94-6678
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Doub L. Toy Deturn Information (whole dellars only)	
Part I Tax Return Information (whole dollars only)	
1 California adjusted gross income (AGI). See instructions2 Amount You Owe. See instructions	
3 Refund or No Amount Due. See instructions	
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompa	
ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts sho income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estinand on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I decagrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my I provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refur to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for to penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the selected a personal identification number (PIN) as my signature for my electronic income tax return and, if application in the processing of the delay or the date when the selected a personal identification number (PIN) as my signature for my electronic income tax return and, if application in the processing of the delay or the date when the selected a personal identification number (PIN) as my signature for my electronic income tax return and, if application in the processing of the delay or the date when the selected a personal identification number (PIN) as my signature for my electronic income tax return and, if application in the processing of the date is the processing of th	declare that the information I provided to my social security number (SSN) or individual tax wn on the corresponding lines of my electronic mated tax payments as shown on my return lare that direct deposit refund amount on line 3 appointment of the other spouse/registered ERO, transmitter, or intermediate service and is delayed, I authorize the FTB to disclose refund was sent. If I am filing a balance due he tax liability and all applicable interest and a copy of my electronic income tax return. I have
Taxpayer's PIN: check one box only	
■ Lauthorize GLOBAL TAXES LLC	to enter my PIN 4 6 6 7 8
ERO firm name	Do not 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 tax return. Check this box return is filed using the Practitioner PIN method. The ERO must complete Part III below.	x only if you are entering your own PIN and your
Your signature Date Date	
Spouse's/RDP's PIN: check one box only	
☐ I authorize	to enter my PIN
ERO firm name	Do not 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 tax return. Check t and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	his box only if you are entering your own PIN
Spouse's/RDP's signature Date Date	re •
Practitioner PIN Method Returns Only continue below	
Part III Certification and Authentication — Practitioner PIN Method Only	
ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 Do not	7 8 6 1 9 8 9 enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the 2021 California individual income confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and e-file Providers.	
ERO's signature Date Date	3/01/2022

Your name

TAXABLE YEAR

ABHINAV

FORM

2021 California Resident Income Tax Return

540

API

DO NOT ATTACH FEDERAL RETURN

862-94-6678 AKUT

AKUTHOTA

21

955 ESCALON AVE

SUNNYVALE CA

94085

308

APT

11-16-1992

		Enter your county at time of filing (see instructions)
ė	\odot	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.
Ä		Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.
Principal Residence	•	
Pri		City State ZIP code
	•	
		If your California filing status is different from your federal filing status, check the box here
ţns	1	X Single 4 Head of household (with qualifying person). See instructions.
Filing Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
ng		warned/hbr ming jointly. See list. 3 dualifying widow(er). Enter year spouse/hbr died.
Ē		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
		mandarias ming departably. Enter operation in a description and the mandarias mind in the mandarias mind operation.
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
_	Fo	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	• 10 7	Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked
<u>io</u>	•	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 \$
npt	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
Exemptions	_	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

Yοι	ır naı	ne: AKU	ГНС	TA	Your SSN o	or ITIN:	862-9	94-6678	_				
	10	Dependents:		ot include yourself or Dependent 1	your spouse/RD		ndent 2			Dependent 3			
		First Name	•			•			•				
ons		Last Name	•			•			•				
Exemptions		SSN. See instructions.	•			•			•				
Ä		Dependent's relationship to you	•			•			•				
	Tota	l dependent e	xemp	otions				10 X	\$400 = •	\$			
	11	Exemption	amou	ı nt: Add line 7 through	line 10. Transfei	r this amo	ount to lin	e 32	• 1	1 \$	12	19	
	12	State wages	from	n your federal x 16	A 1'	2		124872	. 00				
	13			ısted gross income fro			040-SB	line 11			124872	. 00	
	14	California ac	ljustr	nents – subtractions. E lumn B			. 00						
മ	15	Subtract line	e 14 f	rom line 13. If less tha		124872	. 00						
Incom	16	See instructions											
axable Income	17			ed gross income. Coml							124872	. 00	
<u>e</u>	18	Enter the larger of											
	19	Subtract line		rried/RDP filing separate rom line 17. This is yo	•		ked, STOP	. See instructions	• 18		4803	. 00	
		If less than :	zero,	enter -0					• 19		120069	. 00	
	31	Tax. Check t	he bo	ox if from:	x Table	× Tax	Rate Sch	nedule					
	20	Francotion a			B 3800 •				• 31		8169	. 00	
<u>ax</u>	32			s. Enter the amount fro structions	•				32		129	. 00	
	33	Subtract line	e 32 f	rom line 31. If less tha	an zero, enter -0-	·	<u></u>	· · · · · · · · · · · · · · · · · · ·	33		8040	. 00	
	34	Tax. See ins	tructi	ons. Check the box if t	from: • So	chedule G	-1	FTB 5870A	34			. 00	
	35	Add line 33	and I	ine 34					③ 35		8040	. 00	
IIIS	40	Nonrefunda	ble C	hild and Dependent Ca	re Expenses Cre	dit. See ir	nstruction	S	• 40			. 00	
S. Cre	43	Enter credit				code •		and amount				. 00	
special Credits	44	Enter credit	nam	9		code •		and amount	• 44			. 00	
-													

Side 2 Form 540 2021

175

3102214

REV 02/16/22 PRO

You	r nar	me: AKUTHOTA	Your SSN or ITIN:	862-94-6678					
Special Credits	45	To claim more than two credits. See instr	uctions. Attach Schedule	e P (540)		45			. 00
	46	Nonrefundable Renter's Credit. See instru		46			. 00		
	47	Add line 40 through line 46. These are yo	ur total credits		•	47			. 00
	48	Subtract line 47 from line 35. If less than	zero, enter -0		•	48		8040	. 00
sex	61	Alternative Minimum Tax. Attach Schedul	e P (540)			61			. 00
	62	Mental Health Services Tax. See instruction	ons			62			. 00
Other Taxes	63	Other taxes and credit recapture. See inst	ructions			63			. 00
Oth	64	Excess Advance Premium Assistance Sul	osidy (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		8040	. 00
								0145	
	71	California income tax withheld. See instru	octions		•	71		9145	. 00
	72	2021 CA estimated tax and other paymen	ts. See instructions		•	72			. 00
	73	Withholding (Form 592-B and/or 593). So	ee instructions			73			. 00
Payments	74	Excess SDI (or VPDI) withheld. See instru	uctions		•	74			. 00
Pay	75	Earned Income Tax Credit (EITC)				75			. 00
	76	Young Child Tax Credit (YCTC). See instru	uctions			76			. 00
	77	Net Premium Assistance Subsidy (PAS).	See instructions			77			. 00
	78	Add line 71 through line 77. These are yo See instructions				78		9145	. 00
×									
Use Tax	91	Use Tax. Do not leave blank. See instruct	Г			0			
ັ —		If line 91 is zero, check if:	use tax is owed.	You paid your u	ıse tax obli	gation directly to	CDTFA.		
ISR Penalty	92	If you and your household had full-year h See instructions. Medicare Part A or C co If you did not check the box, see instruct	verage is qualifying heal			×			
_ A		Individual Shared Responsibility (ISR) Pe	nalty. See instructions .	• 92			. 00		
) anc	00	Doumante belonce If line 70 is well.	line Od culture at the cod	from line 70		02		9145	. 00
Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than							
Tax/	94 95	Use Tax balance. If line 91 is more than Payments after Individual Shared Respon				94			. 00
paid		subtract line 92 from line 93				95		9145	. 00
Over	96	Individual Shared Responsibility Penalty subtract line 93 from line 92				96			. 00

Your name: AKUTHOTA Your SSN or ITIN: 862-94-6678

YOU	ır nar	me: Your SSN or IIIN: [002-94-0070]				
Overpaid Tax/Tax Due	97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95	•	97	1105	. 00
ах/Та	98	Amount of line 97 you want applied to your 2022 estimated tax	•	98	0	. 00
paid	99	Overpaid tax available this year. Subtract line 98 from line 97	•	99	1105	. 00
Over	100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	•	100		. 00
			<u>C</u>	ode	Amount	
		California Seniors Special Fund. See instructions	•	400		. 00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	•	401		. 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	•	403		. 00
		California Breast Cancer Research Voluntary Tax Contribution Fund.	•	405		. 00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	•	406		_00
		Emergency Food for Families Voluntary Tax Contribution Fund	•	407		. 00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	•	408		_00
		California Sea Otter Voluntary Tax Contribution Fund	•	410		. 00
		California Cancer Research Voluntary Tax Contribution Fund	•	413		_00
ons		School Supplies for Homeless Children Voluntary Tax Contribution Fund	•	422		_00
Contributions		State Parks Protection Fund/Parks Pass Purchase	•	423		_00
Con		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	•	424		_00
		Keep Arts in Schools Voluntary Tax Contribution Fund	•	425		_00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	•	431		. 00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	•	438		<u>.</u> 00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	•	439		. 00
		Rape Kit Backlog Voluntary Tax Contribution Fund	•	440		. 00
		Schools Not Prisons Voluntary Tax Contribution Fund	•	443		_00
		Suicide Prevention Voluntary Tax Contribution Fund	•	444		. 00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund	•	445		. 00
		California Community and Neighborhood Tree Voluntary Tax Contribution Fund	•	446		. 00

 Side 4 Form 540 2021
 175
 3104214
 REV 02/16/22 PRO

. 00

You	r nan	ne: AKUTHOTA Your SSN or ITIN: 862-94-6678	
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 Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 111 Pay Online – Go to ftb.ca.gov/pay for more information.	not send cash.
andies	112 113	Interest, late return penalties, and late payment penalties	_00
Interest and Penalties		Check the box: FTB 5805 attached FTB 5805F attached	. 00
<u>=</u> "		Total amount due. See instructions. Enclose, but do not staple, any payment	_ 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	1105 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 of 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: Type	r a deposit slip.
		Routing number Account number • 116 Direct dep	osit amount
d and		081000032 355007474575 Savings	1105 .00
Refu		The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Type Checking Savings Account number Savings	oosit amount
		ANT: See the instructions to find out if you should attach a copy of your complete federal tax return.	nume and ecorob for 110
to loc Unde is tru	ate FT r pena	r 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/ft 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 who alties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my large, and complete. Total Park Spouse's/RDP's signature (if a joint tax return) to the best of my large.	en instructed. knowledge and belief, it
		Your email address. Enter only one email address.	ed phone number
Si	gn	40850	054874
	re	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)	
	unlaw		
	rge a ise's/		PTIN P02082703
	ature.	GLOBAL TAXES LLC Firm's address	● Firm's FEIN
Joint retur		2530 PEBBLE CREEK LN CUMMING GA 30041	301017196
(See			× No
		Print Third Party Designee's Name Telephone	Number
			I