

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) ▶

| | |
|---|---------------------------------------|
| Taxpayer's name BALTHA YERUVA | Social security number 073-93-3179 |
| 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 | -2,000. |
| 2 Total tax | 2 | 0. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | |
| 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 keep a copy of your return)

Under penalties of perjury, 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.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter or generate my PIN

| | | | | |
|---|---|---|---|---|
| 3 | 3 | 1 | 7 | 9 |
|---|---|---|---|---|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ yeruvabalthareddy Date ▶ 04/12/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 8 | 7 | 2 | 7 | 8 | 6 | 1 | 9 | 8 | 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 ▶ _____ Date ▶ _____

**ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

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: BALTHA
Last name: YERUVA
Your social security number: 073-93-3179
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.
2456 NUTWOOD AVE
Apt. no.: A26
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 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (Child tax credit, Credit for other dependents). Includes dependents section with checkboxes.

Main tax calculation table with 15 rows. Includes sections for Attach Sch. B if required, Standard Deduction for (with bullet points for filing status), and taxable income calculation. Total taxable income: 0.

| | | | |
|--------------------------------------|--|------------|----|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ | 16 | 0. |
| 17 | Amount from Schedule 2, line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 0. |
| 19 | Nonrefundable child tax credit or credit for other dependents 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 | 0. |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21 | 23 | 0. |
| 24 | Add lines 22 and 23. This is your total tax | 24 | 0. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC) No Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/> | 27a | |
| b | Nontaxable combat pay election | 27b | |
| c | 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 instructions | 30 | |
| 31 | Amount from Schedule 3, line 15 | 31 | |
| 32 | Add lines 27a and 28 through 31. These are your total other payments and refundable credits | 32 | |
| 33 | Add lines 25d, 26, and 32. These are your total payments | 33 | |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | |
| | 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/> | 35a | |
| Direct deposit? See instructions. | b Routing number: X X X X X X X X X X c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number: X | | |
| | 36 Amount of line 34 you want applied to your 2022 estimated tax | 36 | |
| Amount You Owe | 37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions | 37 | 0. |
| | 38 Estimated tax penalty (see instructions) | 38 | |

If you have a qualifying child, attach Sch. EIC.

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|------|---------------------|---|
| Your signature | Date | Your occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |
| | | DELIVERY | <input type="text"/> |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) |
| | | | <input type="text"/> |

Phone no. (626) 297-6481 Email address BALTHAREDDYERUVA@YAHOO.IN

Paid Preparer Use Only

| | | | | |
|-----------------------------------|---------------------------------------|------------|----------------|--|
| Preparer's name | Preparer's signature | Date | PTIN | Check if: |
| SYAM PRIYA RAM SAGAR GUPTA TALLAM | SYAM PRIYA RAM SAGAR GUPTA TALLAM | 04/12/2022 | P02082703 | <input type="checkbox"/> Self-employed |
| Firm's name | Firm's address | | Phone no. | Firm's EIN |
| GLOBAL TAXES LLC | 2530 Pebble Creek Ln Cumming GA 30041 | | (678) 965-9522 | 30-1017196 |

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
BALTHA YERUVA

Your social security number
073-93-3179

Part I Additional Income

| | | | |
|-----------|---|-----------|---------|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | 1 | |
| 2a | Alimony received | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ _____ | | |
| 3 | Business income or (loss). Attach Schedule C | 3 | -2,000. |
| 4 | Other gains or (losses). Attach Form 4797 | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | 6 | |
| 7 | Unemployment compensation | 7 | |
| 8 | Other income: | | |
| a | Net operating loss | 8a | () |
| b | Gambling income | 8b | |
| c | Cancellation of debt | 8c | |
| d | Foreign earned income exclusion from Form 2555 | 8d | () |
| e | Taxable Health Savings Account distribution | 8e | |
| f | Alaska Permanent Fund dividends | 8f | |
| g | Jury duty pay | 8g | |
| h | Prizes and awards | 8h | |
| i | Activity not engaged in for profit income | 8i | |
| j | Stock options | 8j | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | |
| l | Olympic and Paralympic medals and USOC prize money (see instructions) | 8l | |
| m | Section 951(a) inclusion (see instructions) | 8m | |
| n | Section 951A(a) inclusion (see instructions) | 8n | |
| o | Section 461(l) excess business loss adjustment | 8o | |
| p | Taxable distributions from an ABLE account (see instructions) | 8p | |
| z | Other income. List type and amount ▶ _____ | 8z | |
| 9 | Total other income. Add lines 8a through 8z | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 | 10 | -2,000. |

Part II Adjustments to Income

| | | | | |
|------------|--|------------|------------|--|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 | | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form 3903 | | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | ▶ _____ | | |
| c | Date of original divorce or separation agreement (see instructions) ▶ _____ | | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| a | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| c | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| e | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| z | Other adjustments. List type and amount ▶ _____ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a | | 26 | |

**SCHEDULE C
(Form 1040)**

**Profit or Loss From Business
(Sole Proprietorship)**

OMB No. 1545-0074

2021

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

| | | |
|--|--|---|
| Name of proprietor BALTHA YERUVA | | Social security number (SSN) 073-93-3179 |
| A Principal business or profession, including product or service (see instructions) RIDESHARING SERVICES | B Enter code from instructions ▶ 4 8 5 3 0 0 | |
| C Business name. If no separate business name, leave blank. | D Employer ID number (EIN) (see instr.) | |
| E Business address (including suite or room no.) ▶ 2456 NUTWOOD AVE, Apt. A26 City, town or post office, state, and ZIP code FULLERTON, CA 92831 | | |
| F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ | | |
| G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| H If you started or acquired this business during 2021, check here | | <input type="checkbox"/> |
| I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| J If "Yes," did you or will you file required Form(s) 1099? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part I Income

| | | |
|---|----------|---------|
| 1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ <input type="checkbox"/> | 1 | 82,595. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 82,595. |
| 4 Cost of goods sold (from line 42) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 82,595. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 ▶ | 7 | 82,595. |

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|------------|---------|---|------------|---------|
| 8 Advertising | 8 | | 18 Office expense (see instructions) | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | 18,799. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | 12,000. |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 Repairs and maintenance | 21 | 3,547. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest (see instructions): | | | 24 Travel and meals: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 4,527. |
| b Other | 16b | 800. | b Deductible meals (see instructions) | 24b | 2,400. |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | 1,950. |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 27a Other expenses (from line 48) | 27a | 40,572. |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | | | -2,000. |
| 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | | | |
| | | | 32a <input checked="" type="checkbox"/> All investment is at risk. | | |
| | | | 32b <input type="checkbox"/> Some investment is not at risk. | | |

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** Cost **b** Lower of cost or market **c** Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation **Yes** **No**

| | | |
|---|-----------|--|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 Purchases less cost of items withdrawn for personal use | 36 | |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 Materials and supplies | 38 | |
| 39 Other costs | 39 | |
| 40 Add lines 35 through 39 | 40 | |
| 41 Inventory at end of year | 41 | |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | |

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) ► 10/28/2021

44 Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:

a Business 33,570 **b** Commuting (see instructions) _____ **c** Other 1,525

45 Was your vehicle available for personal use during off-duty hours? **Yes** **No**

46 Do you (or your spouse) have another vehicle available for personal use?. **Yes** **No**

47a Do you have evidence to support your deduction? **Yes** **No**

b If "Yes," is the evidence written? **Yes** **No**

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

| | | |
|---|-----------|---------|
| BACK OFFICE OPERATIONS EXPENSES | | 40,572. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 48 Total other expenses. Enter here and on line 27a | 48 | 40,572. |

Additional information from your 2021 Federal Tax Return

Schedule C (RIDESHARING SERVICES): Profit or Loss from Business

Ln 24b: 50% limit

Itemization Statement

| Description | Amount |
|--|---------------|
| M&E (240D*\$20P.D) AS PER IRS PUB 1542 | 4,800. |
| Total | 4,800. |

Schedule C (RIDESHARING SERVICES): Profit or Loss from Business

Line 20b

Itemization Statement

| Description | Amount |
|-----------------------|----------------|
| RENT (12M*\$1000 P.M) | 12,000. |
| Total | 12,000. |

Schedule C (RIDESHARING SERVICES): Profit or Loss from Business

Line 25

Itemization Statement

| Description | Amount |
|--------------|---------------|
| TELEPHONE | 1,200. |
| INTERNET | 750. |
| Total | 1,950. |

Schedule C (RIDESHARING SERVICES): Profit or Loss from Business

Ln 16b: Other Interest

Itemization Statement

| Description | Amount |
|---------------------------|-------------|
| Dashboard mounts,chargers | 300. |
| Tools for car maintenance | 500. |
| Total | 800. |

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Field Name, Value. Rows: Your name (BALTHA YERUVA), Your SSN or ITIN (073-93-3179), Spouse's/RDP's name, Spouse's/RDP's SSN or ITIN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line Number, Amount. Rows: 1 California adjusted gross income (AGI) ... 1 -2,000.; 2 Amount You Owe ... 2; 3 Refund or No Amount Due ... 3 0.

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 accompanying schedules and statements for the tax year ending December 31, 2021, and to the best of my knowledge and belief, it is true, correct, and complete. I further 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 tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the 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 acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 3 3 1 7 9 as my signature on my 2021 e-filed California individual income tax return. ERO firm name Do not enter all zeros

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

Your signature Date

Spouse's/RDP's PIN: check one box only

[] I authorize to enter my PIN as my signature on my 2021 e-filed California individual income tax return. ERO firm name Do not enter all zeros

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

Spouse's/RDP's signature Date

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 7 8 6 1 9 8 9

Do not enter all zeros

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 e-file Providers.

ERO's signature Date 04/12/2022

California Nonresident or Part-Year Resident Income Tax Return

2021

540NR

APE

ATTACH FEDERAL RETURN

073-93-3179 YERU
BALTHA YERUVA

21 PBA 485300

2456 NUTWOOD AVE
FULLERTON CA 92831

APT A26

08-15-1986

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

Filing Status

- 1 Single
- 2 Married/RDP filing jointly. See inst.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

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

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

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 X \$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 = \$

Exemptions

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 = \$

Your name: Your SSN or ITIN:

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

Total Taxable Income

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

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

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** .00

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

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

18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions **18** .00

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

CA Taxable Income

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

31 .00

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

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

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

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

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

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

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

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A **41** .00

42 Add line 40 and line 41 **42** .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. **50** .00

51 Credit for joint custody head of household. See instructions **51** .00

52 Credit for dependent parent. See instructions. **52** .00

53 Credit for senior head of household. See instructions. **53** .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions **54** .00

55 Credit amount. See instructions **55** .00

Your name: Your SSN or ITIN:

Special Credits continued

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

Other Taxes

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

Payments

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

ISR Penalty

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

Overpaid Tax/Tax Due

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

Your name:

Your SSN or ITIN:

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

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

Your name: Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

Sign Here

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

Joint tax return? (See instructions)

● Your email address. Enter only one email address.
● Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed) ● PTIN
Firm's address ● Firm's FEIN

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

Print Third Party Designee's Name Telephone Number

California Adjustments —
Nonresidents or Part-Year Residents

2021

CA (540NR)

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

Table with 2 columns: Name(s) as shown on tax return (BALTHA YERUVA) and SSN or ITIN (073933179)

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.

During 2021:

- 1 My California (CA) Residency (Check one)
a Myself: [] Nonresident [X] Part-Year Resident [] Resident
b Spouse: [] Nonresident [] Part-Year Resident [] Resident

Table with 2 columns: Yourself and Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Main table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), and E (CA Amounts). Rows include Section A (Income from federal Form 1040) and Section B (Additional Income from federal Schedule 1).

| Section B — Additional Income Continued | | A | B | C | D | E |
|--|---|--|--|---|---|--|
| | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 8 | Other income: | | | | | |
| a | Federal net operating loss 8a | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b | Gambling income 8b | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| c | Cancellation of debt 8c | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d | Foreign earned income exclusion from federal Form 2555 8d | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e | Taxable Health Savings Account distribution 8e | <input type="radio"/> | <input type="radio"/> | | | |
| f | Alaska Permanent Fund dividends . . . 8f | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| g | Jury duty pay 8g | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| h | Prizes and awards 8h | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| i | Activity not engaged in for profit income 8i | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| j | Stock options 8j | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| l | Olympic and Paralympic medals and USOC prize money 8l | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| m | IRC Section 951(a) inclusion 8m | <input type="radio"/> | <input type="radio"/> | | | |
| n | IRC Section 951A(a) inclusion 8n | <input type="radio"/> | <input type="radio"/> | | | |
| o | IRC Section 461(l) excess business loss adjustment 8o | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p | Taxable distributions from an ABLE account 8p | <input type="radio"/> | | | <input type="radio"/> | <input type="radio"/> |
| z | Other income. List type and amount. <input type="radio"/> _____ 8z | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 a | Total other income. Add lines 8a through 8z 9a | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b1 | Disaster loss deduction from form FTB 3805V 9b1 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b2 | NOL deduction from form FTB 3805V 9b2 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b3 | NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3 | | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| b4 | Student loan discharged due to closure of a for-profit school 9b4 | <input type="radio"/> | <input type="radio"/> | | <input type="radio"/> | <input type="radio"/> |
| 10 | Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C 10 | <input checked="" type="radio"/> -2,000. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> -2,000. | <input checked="" type="radio"/> -2,000. |

| Section C — Adjustments to Income from federal Schedule 1 (Form 1040) | A Federal Amounts (taxable amounts from your federal tax return) | B Subtractions See instructions (difference between CA & federal law) | C Additions See instructions (difference between CA & federal law) | D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
|---|--|--|---|---|--|
| 11 Educator expenses 11 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| 12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 13 Health savings account deduction 13 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| 14 Moving expenses. Attach form FTB 3913. See instructions 14 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 15 Deductible part of self-employment tax. See instructions 15 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 16 Self-employed SEP, SIMPLE, and qualified plans 16 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 17 Self-employed health insurance deduction. See instructions 17 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 18 Penalty on early withdrawal of savings . . . 18 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 19a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ - _____ Last name <input checked="" type="radio"/> _____ 19a | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 20 IRA deduction 20 | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 21 Student loan interest deduction 21 | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 22 Reserved for future use 22 | | | | | |
| 23 Archer MSA deduction 23 | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| 24 Other adjustments: | | | | | |
| a Jury duty pay 24a | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| d Reforestation amortization and expenses 24d | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| f Contributions to IRC Section 501(c)(18)(D) pension plans . . 24f | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| g Contributions by certain chaplains to IRC Section 403(b) plans 24g | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h | <input checked="" type="radio"/> | | | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| j Housing deduction from federal Form 2555 24j | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k | <input checked="" type="radio"/> | <input checked="" type="radio"/> | | | |
| z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> | <input checked="" type="radio"/> |

| Section C — Adjustments to Income Continued | | A | B | C | D | E |
|--|--|--|--|---|---|--|
| | | Federal Amounts (taxable amounts from your federal tax return) | Subtractions See instructions (difference between CA & federal law) | Additions See instructions (difference between CA & federal law) | Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result) | CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident) |
| 25 | Total other adjustments. Add lines 24a through 24z | 25 | | | | |
| 26 | Add line 11 through line 23 and line 25 in each column, A through E | 26 | | | | |
| 27 | Total. Subtract line 26 from line 10 in each column, A through E. See instructions. | 27 | 2,000. | | 2,000. | 2,000. |

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

| Medical and Dental Expenses See instructions. | | A | B | C |
|---|---|---|----------------------------------|-------------------------------|
| | | Federal Amounts (from federal Schedule A (Form 1040)) | Subtractions See instructions | Additions See instructions |
| 1 | Medical and dental expenses | 1 | | |
| 2 | Enter amount from federal Form 1040 or 1040-SR, line 11 | 2 | 2,000. | |
| 3 | Multiply line 2 by 7.5% (0.075) | 3 | | |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 | 4 | | |

| Taxes You Paid | | A | B | C |
|----------------|---|---|----------------------------------|-------------------------------|
| | | Federal Amounts (from federal Schedule A (Form 1040)) | Subtractions See instructions | Additions See instructions |
| 5a | State and local income tax or general sales taxes | 5a | | |
| 5b | State and local real estate taxes | 5b | | |
| 5c | State and local personal property taxes | 5c | | |
| 5d | Add line 5a through line 5c. | 5d | | |
| 5e | Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A | 5e | 0. | 0. |
| 6 | Other taxes. List type <input checked="" type="radio"/> | 6 | | |
| 7 | Add line 5e and line 6. | 7 | 0. | 0. |

| Interest You Paid | | A | B | C |
|-------------------|--|---|----------------------------------|-------------------------------|
| | | Federal Amounts (from federal Schedule A (Form 1040)) | Subtractions See instructions | Additions See instructions |
| 8a | Home mortgage interest and points reported to you on federal Form 1098 | 8a | | |
| 8b | Home mortgage interest not reported to you on federal Form 1098 | 8b | | |
| 8c | Points not reported to you on federal Form 1098 | 8c | | |
| 8d | Mortgage insurance premiums. | 8d | | |
| 8e | Add line 8a through line 8d. | 8e | | |
| 9 | Investment interest. | 9 | | |
| 10 | Add line 8e and line 9. | 10 | | |

| Gifts to Charity | | A | B | C |
|------------------|---------------------------------------|---|----------------------------------|-------------------------------|
| | | Federal Amounts (from federal Schedule A (Form 1040)) | Subtractions See instructions | Additions See instructions |
| 11 | Gifts by cash or check | 11 | | |
| 12 | Other than by cash or check. | 12 | | |
| 13 | Carryover from prior year. | 13 | | |
| 14 | Add line 11 through line 13 | 14 | | |

| Casualty and Theft Losses | | A | B | C |
|---------------------------|--|---|----------------------------------|-------------------------------|
| | | Federal Amounts (from federal Schedule A (Form 1040)) | Subtractions See instructions | Additions See instructions |
| 15 | Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions | 15 | | |

| Other Itemized Deductions | | A | B | C |
|---------------------------|---|---|----------------------------------|-------------------------------|
| | | Federal Amounts (from federal Schedule A (Form 1040)) | Subtractions See instructions | Additions See instructions |
| 16 | Other—from list in federal instructions | 16 | | |
| 17 | Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C | 17 | 0. | 0. |

18 **Total.** Combine line 17 column A less column B plus column C 18 0.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions. 19

20 Tax preparation fees. 20

21 Other expenses- investment, safe deposit box, etc. List type 21

22 Add line 19 through line 21 22

23 Enter amount from federal Form 1040 or 1040-SR, line 11 -2,000.

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

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

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

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

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

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

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

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

Part IV California Taxable Income

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

2 Enter your deductions from line 30 2 .

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

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

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