

IRS efile 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 JAYESH A PASHILKAR | Social security number 838-59-7117 |
| Spouse's name JULI DILIP JAGTAP | Spouse's social security number APPLIED FOR |

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 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

| | | |
|---|---|----------|
| 1 Adjusted gross income | 1 | 100,794. |
| 2 Total tax | 2 | 8,683. |
| 3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | 3 | 15,115. |
| 4 Amount you want refunded to you | 4 | 6,432. |
| 5 Amount you owe | 5 | |

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 acknowledgment 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

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

 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- 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 ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

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

 as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- 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 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 JAYESH A | Last name PASHILKAR | Your social security number 838-59-7117 |
| If joint return, spouse's first name and middle initial JULI DILIP | Last name JAGTAP | Spouse's social security number APPLIED FOR |
| Home address (number and street). If you have a P.O. box, see instructions 2266 GILL VILLAGE WAY | | Apt no 1104 |
| City, town, or post office. If you have a foreign address, also complete spaces below SAN DIEGO | | State CA |
| Foreign country name | | ZIP code 92108 |
| Foreign province/state/county | | Foreign postal code |

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? Yes No

Standard Deduction Spouse itemizes on a separate return or you were a dual-status alien
 Someone can claim: You as a dependent Your spouse as a dependent

Age/Blindness You Were born before January 2, 1957 Are blind Spouse: Was born before January 2, 1957 Is blind

| Dependents (see instructions): | (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit | Credit for other dependents |
|--|----------------|-----------|----------------------------|-------------------------|--|-----------------------------|
| If more than four dependents see instructions and check here▶ <input type="checkbox"/> | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | |
|--|-----|---|-----|----------|
| Attach Sch B if required | 1 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 1 | 100,794. |
| | 2a | Tax-exempt interest | 2a | |
| | 2b | Taxable interest | 2b | |
| Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions | 3a | Qualified dividends | 3a | |
| | 3b | Ordinary dividends | 3b | |
| | 4a | IRA distributions | 4a | |
| | 4b | Taxable amount | 4b | |
| | 5a | Pensions and annuities | 5a | |
| | 5b | Taxable amount | 5b | |
| | 6a | Social security benefits | 6a | |
| | 6b | Taxable amount | 6b | |
| | 7 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/> | 7 | |
| | 8 | Other income from Schedule 1, line 10 | 8 | 0. |
| | 9 | Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶ | 9 | 100,794. |
| | 10 | Adjustments to income from Schedule 1, line 2b | 10 | |
| | 11 | Subtract line 10 from line 9. This is your adjusted gross income ▶ | 11 | 100,794. |
| | 12a | Standard deduction or itemized deductions (from Schedule A) | 12a | 25,100. |
| | b | Charitable contributions if you take the standard deduction (see instructions) | 12b | |
| | 12c | Add lines 12a and 12b | 12c | 25,100. |
| | 13 | Qualified business income deduction from Form 8995 or Form 8995-A | 13 | |
| | 14 | Add lines 12c and 13 | 14 | 25,100. |
| | 15 | Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- | 15 | 75,694. |

| | | | |
|----------------------------------|---|-----|---------|
| 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 | 8,683. |
| 17 | Amount from Schedule 2 line 3 | 17 | |
| 18 | Add lines 16 and 17 | 18 | 8,683. |
| 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 | 8,683. |
| 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 | 8,683. |
| 25 | Federal income tax withheld from: | | |
| a | Form(s) W-2 | 25a | 15,115. |
| b | Form(s) 1099 | 25b | |
| c | Other forms (see instructions) | 25c | |
| d | Add lines 25a through 25c | 25d | 15,115. |
| 26 | 2021 estimated tax payments and amount applied from 2020 return | 26 | |
| 27a | Earned income credit (EIC). Check here if you were born after January 1, 1993, 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 | Non-taxable 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 | 15,115. |
| Refund | 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid | 34 | 6,432. |
| 35a | Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> | 35a | 6,432. |
| Direct deposit? See instructions | b Routing number 1 1 1 0 0 0 0 2 5 c Type <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | d Account number 5 8 6 0 3 7 0 1 2 6 4 0 | | |
| 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 | |
| | 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 SOFTWARE ENGINEER | If the IRS sent you an Identity Protection PIN, enter it here (see inst) _____ |
| Spouse's signature. If a joint return, both must sign | Date | Spouse's occupation HOME MAKER | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst) _____ |

Phone no (832) 871-1413 Email address JAYESHPASHILKAR@GMAIL.COM

Paid Preparer Use Only

| | | | | |
|--|---|--------------------|-------------------|---|
| Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM | Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM | Date 02/08/2022 | PTIN P02082703 | Check if: <input type="checkbox"/> Self-employed |
| Firm's name GLOBAL TAXES LLC | Firm's address 2530 Pebble Creek Ln Cumming GA 30041 | | | Phone no (678) 965-9522 Firm's EIN 30-1017196 |

Application for IRS Individual Taxpayer Identification Number

OMB No. 1545-0074

▶ For use by individuals who are not U.S. citizens or permanent residents
▶ See separate instructions

An IRS individual taxpayer identification number (ITIN) is for U.S. federal tax purposes only. Before you begin:

- Don't submit this form if you have, or are eligible to get, a U.S. social security number (SSN).

Application type (check one box):

Apply for a new ITIN

Renew an existing ITIN

Reason you're submitting Form W-7. Read the instructions for the box you check. **Caution:** If you check box b, c, d, e, f, or g, you must file a U.S. federal tax return with Form W-7 unless you meet one of the exceptions (see instructions).

- a Nonresident alien required to get an ITIN to claim tax treaty benefit
- b Nonresident alien filing a U.S. federal tax return
- c U.S. resident alien (based on days present in the United States) filing a U.S. federal tax return
- d Dependent of U.S. citizen/resident alien } If d, enter relationship to U.S. citizen/resident alien (see instructions) ▶ _____
- e Spouse of U.S. citizen/resident alien } If d or e, enter name and SSN/ITIN of U.S. citizen/resident alien (see instructions) ▶ _____
JAYESH A PASHILKAR 838-59-7117
- f Nonresident alien student, professor, or researcher filing a U.S. federal tax return or claiming an exception
- g Dependent/spouse of a nonresident alien holding a U.S. visa
- h Other (see instructions) ▶ _____

Additional information for a and f: Enter treaty country ▶ _____ and treaty article number ▶ _____

| | | | |
|------------------------------------|---------------|-------------|-----------|
| Name (see instructions) | 1a First name | Middle name | Last name |
| | JUJILI DILIP | | JAGTAP |
| Name at birth if different . . . ▶ | 1b First name | Middle name | Last name |
| | | | |

Applicant's Mailing Address

2 Street address, apartment number, or rural route number. If you have a P.O. box, see separate instructions.
2266 GILL VILLAGE WAY Apt 1104

City or town, state or province, and country. Include ZIP code or postal code where appropriate.
SAN DIEGO CA USA 92108

Foreign (non-U.S.) Address (see instructions)

3 Street address, apartment number, or rural route number. Don't use a P.O. box number.

City or town, state or province, and country. Include postal code where appropriate.

Birth Information

4 Date of birth (month / day / year) Country of birth City and state or province (optional) 5 Male Female

05/17/1996 INDIA

Other Information

6a Country(ies) of citizenship INDIA

6b Foreign tax I.D. number (if any)

6c Type of U.S. visa (if any), number, and expiration date

6d Identification document(s) submitted (see instructions) Passport Driver's license/State I.D.
 USCIS documentation Other _____ Date of entry into the United States (MM/DD/YYYY): _____

Issued by: INDIA No: T9529727 Exp date: 10/13/2029

6e Have you previously received an ITIN or an Internal Revenue Service Number (IRS#)?
 No/Don't know. Skip line 6f.
 Yes. Complete line 6f. If more than one, list on a sheet and attach to this form (see instructions).

6f Enter ITIN and/or IRS# ▶ ITIN _____ IRS# _____ and name under which it was issued ▶ _____
First name Middle name Last name

6g Name of college/university or company (see instructions) ▶ _____
City and state ▶ _____ Length of stay ▶ _____

Sign Here

Under penalties of perjury, I (applicant/delegate/acceptance agent) declare that I have examined this application, including accompanying documentation and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I authorize the IRS to share information with my acceptance agent in order to perfect this Form W-7, Application for IRS Individual Taxpayer Identification Number.

Signature of applicant (if delegate, see instructions) Date (month/day/year) Phone number

Name of delegate, if applicable (type or print) Delegate's relationship to applicant Parent Court-appointed guardian Power of attorney

Acceptance Agent's Use ONLY

Signature Date (month / day / year) Phone Fax

Name and title (type or print) Name of company EIN PTIN Office code

TAXABLE YEAR

FORM

2021

California e-file Signature Authorization for Individuals

8879

Your name: JAYESH A PASHILKAR, Your SSN or ITIN: 838-59-7117, Spouse's/RDP's name: JULI DILIP JAGTAP, Spouse's/RDP's SSN or ITIN: APPLIED FOR

Table with 2 columns: Line number, Description, Amount. Line 1: California adjusted gross income (AGI) 100,794. Line 2: Amount You Owe 2. Line 3: Refund or Net Amount Due 3,729.

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 balanced 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 97117 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 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. [X] I authorize GLOBAL TAXES LLC to enter my PIN [] 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 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. 58727861989

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 Rul. 1345-2021 Handbook for Authorized e-file Providers.

ERO's signature: _____ Date: 02/08/2022

2021 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

838-59-7117 PASH 000-00-0000
JAYESH A PASHILKAR
JULIDILIP JAGTAP

21

2266 GILL VILLAGE WAY APT 1104
SAN DIEGO CA 92108

11-20-1993 11-20-1995

Principal Residence section with fields for county (SAN DIEGO), address, city, state, and ZIP code.

Filing Status section with options for Single, Married RDP filing jointly, and Married RDP filing separately.

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

Exemptions section with rows for Personal, Blind, and Senior exemptions, including dollar amounts.

Your name Your SSN or ITIN

10 Dependents Do not include yourself for 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"/> |
| Dependents relationship to you | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total dependent exemptions 10 X \$400 = \$

11 Exemption amount Add line 7 through line 10. Transfer this amount to line 32 11 \$

12 State wages from your federal Form(s) W-2 box 16 12

13 Enter federal adjusted gross income from federal Form 1040 or 1040SR, line 11 13

14 California adjustments—subtractions Enter the amount from Schedule CA (540), Part I, line 27, column B 14

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

16 California adjustments—additions Enter the amount from Schedule CA (540), Part I, line 27, column C 16

17 California adjusted gross income Combine line 15 and line 16 17

18 Enter the larger of
 { Your California itemized deductions from Schedule CA (540), Part II, line 30 OR
 Your California standard deductions shown below for your filing status
 • Single or Married/RDP filing separately \$4800
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) ... \$9606
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions 18

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

31 Tax Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31

32 Exemption credits Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions 32

33 Subtract line 32 from line 31. If less than zero, enter -0 33

34 Tax See instructions Check the box if from: Schedule G-1 FTB 5870A 34

35 Add line 33 and line 34 35

40 Nonrefundable Child and Dependent Care Expenses Credit See instructions 40

43 Enter cred trame code and amount .. 43

44 Enter cred trame code and amount .. 44

Your name Your SSN or ITIN

Special Credits

45 Total more than two credits. See instructions. Attach Schedule P (54) ● 45 .

46 Nonrefundable Renter's Credit. See instructions ● 46 .

47 Add line 40 through line 46. These are your total credits ● 47 .

48 Subtract line 47 from line 35. If less than zero, enter -0 ● 48 .

Other Taxes

61 Alternative Minimum Tax. Attach Schedule P (54) ● 61 .

62 Mental Health Services Tax. See instructions ● 62 .

63 Other taxes and credit recapture. See instructions ● 63 .

64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions ● 64 .

65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 .

Payments

71 California income tax withheld. See instructions ● 71 .

72 2021 CA estimated tax and other payments. See instructions ● 72 .

73 Withholding (Form 5922-B and/or 593). See instructions ● 73 .

74 Excess SDI (or VPD) withheld. See instructions ● 74 .

75 Earned Income Tax Credit (EITC) ● 75 .

76 Young Child Tax Credit (YCTC). See instructions ● 76 .

77 Net Premium Assistance Subsidy (PAS). See instructions ● 77 .

78 Add line 71 through line 77. These are your total payments. See instructions ● 78 .

Use Tax

91 Use Tax. Do not leave blank. See instructions ● 91 .

If line 91 is zero, check if: No use tax is owed You paid your use tax obligation directly to CDFA

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or Coverage is qualifying health care coverage ●

If you did not check the box, see instructions

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

Overpaid Tax/Tax Due

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 .

94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 ● 95 .

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92 ● 96 .

Your name Your SSN or ITIN

| | | | | | |
|----------------------|--|----------------------------------|-----|-----------------------------------|----------------------|
| Overpaid Tax/Tax Due | 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. | <input checked="" type="radio"/> | 97 | <input type="text" value="3729"/> | <input type="text"/> |
| | 98 Amount of line 97 you want applied to your 2022 estimated tax. | <input type="radio"/> | 98 | <input type="text" value="0"/> | <input type="text"/> |
| | 99 Overpaid tax available this year. Subtract line 98 from line 97. | <input type="radio"/> | 99 | <input type="text" value="3729"/> | <input type="text"/> |
| | 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65. | <input checked="" type="radio"/> | 100 | <input type="text"/> | <input type="text"/> |

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

Your name Your SSN or ITIN

Amount You Owe 111 AMOUNT YOU OWE If you brotha ve an amount on line 99 ad line 94 line 96 line 100 and line 110 See instructions Do not send cash
Mail to FRANCHSE TAX BOARD PO BOX 94287, SACRAMENTO CA 94267-0001..... ● 111
Pay Online - Go to ftb.ca.gov/pay for more information

Interest and Penalties 112 Interest, late return penalties and late payment penalties..... 112
113 Underpayment of estimated tax
Check the box FTB 585 attached FTB 585F attached..... ● 113
114 Total amount due See instructions Enclose but do not staple any payment..... 114

115 REFUND OR NO AMOUNT DUE Subtract the sum of line 110 line 112 and line 113 from line 99 See instructions.
Mail to FRANCHSE TAX BOARD PO BOX 94287, SACRAMENTO CA 94267-0001..... ● 115

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts Do not attach a voided check or a deposit slip
See instructions **Have you verified the routing and account numbers?** Use white ink only
All or the following amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 116 Direct deposit amount
 Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the accounts shown below
● Type
● Routing number Checking ● Account number ● 117 Direct deposit amount
 Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return
Our privacy notice can be found in annual tax booklets or online Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 ENSP Franchise Tax Board Privacy Notice on Collection To request this notice by mail, call 800-380-0548 and enter form code 948 when instructed
Under penalties of perjury I declare that I have examined this tax return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

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

Your email address Enter only one email address
 Preferred phone number

Sign Here
It is unlawful to forge a spouse's/RDP's signature
Joint tax return? (See instructions)

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

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