

2021 CA540 Filing Instructions  
NITIN S DEB & MEHA J NEGANDHI

**Form filed:**

CA540 and supplemental forms and schedules

**Filing method:**

Your return has been e-filed, do not mail your return

**Due date:**

04-18-2022

**Refund:**

\$3,147.00

**Transaction method:**

The refund will be directly deposited into your checking account at Chase ending in 9155.

2021 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

448-91-1694 DEB 984-94-6545 21
NITIN S DEB
MEHA J NEGANDHI

12410 ALAMEDA TRACE CIR APT 1524
AUSTIN TX 78727

01-28-1992 10-06-1991

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

Filing Status section with options for Single, Married/RDP filing jointly (checked), Head of household, and Qualifying widow(er).

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

Exemptions section with calculations for Personal (258), Blind, and Senior exemptions.

Your name:  Your SSN or ITIN:

**10 Dependents: Do not include yourself or your spouse/RDP.**

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions . . . . . • 10  X \$400 =  \$

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

<b>12</b>	State wages from your federal Form(s) W-2, box 16. . . . .	• 12	<input type="text" value="88563"/>	<input type="text" value="00"/>
<b>13</b>	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11. . . . .	<input checked="" type="radio"/> 13	<input type="text" value="92190"/>	<input type="text" value="00"/>
<b>14</b>	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . .	• 14	<input type="text"/>	<input type="text" value="00"/>
<b>15</b>	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . .	15	<input type="text" value="92190"/>	<input type="text" value="00"/>
<b>16</b>	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . .	• 16	<input type="text" value="231"/>	<input type="text" value="00"/>
<b>17</b>	California adjusted gross income. Combine line 15 and line 16 . . . . .	• 17	<input type="text" value="92421"/>	<input type="text" value="00"/>
<b>18</b>	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately . . . . . \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, <b>STOP</b> . See instructions . . . . .	• 18	<input type="text" value="9606"/>	<input type="text" value="00"/>
<b>19</b>	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- . . . . .	<input checked="" type="radio"/> 19	<input type="text" value="82815"/>	<input type="text" value="00"/>

<b>31</b>	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule • <input type="checkbox"/> FTB 3800 • <input type="checkbox"/> FTB 3803 . . . . .	• 31	<input type="text" value="2502"/>	<input type="text" value="00"/>
<b>32</b>	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions . . . . .	<input checked="" type="radio"/> 32	<input type="text" value="258"/>	<input type="text" value="00"/>
<b>33</b>	Subtract line 32 from line 31. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/> 33	<input type="text" value="2244"/>	<input type="text" value="00"/>
<b>34</b>	Tax. See instructions. Check the box if from: • <input type="checkbox"/> Schedule G-1 • <input type="checkbox"/> FTB 5870A •	• 34	<input type="text"/>	<input type="text" value="00"/>
<b>35</b>	Add line 33 and line 34 . . . . .	<input checked="" type="radio"/> 35	<input type="text" value="2244"/>	<input type="text" value="00"/>

<b>40</b>	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . .	• 40	<input type="text"/>	<input type="text" value="00"/>
<b>43</b>	Enter credit name <input type="text"/> code • <input type="text"/> and amount- . . . . .	• 43	<input type="text"/>	<input type="text" value="00"/>
<b>44</b>	Enter credit name <input type="text"/> code • <input type="text"/> and amount- . . . . .	• 44	<input type="text"/>	<input type="text" value="00"/>

Your name: NITIN S DEB & MEH Your SSN or ITIN: 448911694

<b>Special Credits</b>	45	To claim more than two credits. See instructions. Attach Schedule P (540) . . . . .	•	45	<input type="text"/>	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions . . . . .	•	46	<input type="text"/>	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits . . . . .	⊕	47	<input type="text" value="0"/>	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	⊕	48	<input type="text" value="2244"/>	<input type="text"/>	.00

<b>Other Taxes</b>	61	Alternative Minimum Tax. Attach Schedule P (540) . . . . .	•	61	<input type="text"/>	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions . . . . .	•	62	<input type="text"/>	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions . . . . .	•	63	<input type="text"/>	<input type="text"/>	.00
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. . . . .	•	64	<input type="text"/>	<input type="text"/>	.00
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax . . . . .	•	65	<input type="text" value="2244"/>	<input type="text"/>	.00

<b>Payments</b>	71	California income tax withheld. See instructions . . . . .	•	71	<input type="text" value="5391"/>	<input type="text"/>	.00
	72	2021 CA estimated tax and other payments. See instructions . . . . .	•	72	<input type="text"/>	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions . . . . .	•	73	<input type="text"/>	<input type="text"/>	.00
	74	Excess SDI (or VPDI) withheld. See instructions . . . . .	•	74	<input type="text"/>	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC) . . . . .	•	75	<input type="text"/>	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions . . . . .	•	76	<input type="text"/>	<input type="text"/>	.00
	77	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	•	77	<input type="text"/>	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions . . . . .	⊕	78	<input type="text" value="5391"/>	<input type="text"/>	.00

<b>Use Tax</b>	91	<b>Use Tax.</b> Do not leave blank. See instructions . . . . .	•	91	<input type="text"/>	<input type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.						

<b>ISR Penalty</b>	92	If you and your household had full-year health care coverage, check the box See inst. Medicare Part A or C coverage is qualifying health care coverage. . . . .	•	92	<input checked="" type="checkbox"/>	<input type="text"/>	.00
	If you did not check the box, see instructions. Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .		•	92	<input type="text"/>	<input type="text"/>	.00

<b>Overpaid Tax/Tax Due</b>	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 . . . . .	⊕	93	<input type="text" value="5391"/>	<input type="text"/>	.00
	94	<b>Use Tax balance.</b> If line 91 is more than line 78, subtract line 78 from line 91 . . . . .	⊕	94	<input type="text"/>	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93 . . . . .	⊕	95	<input type="text" value="5391"/>	<input type="text"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92 . . . . .	⊕	96	<input type="text"/>	<input type="text"/>	.00

Your name: NITIN S DEB & MEH Your SSN or ITIN: 448911694

Overpaid Tax/Tax Due	<b>97</b>	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 . . . . .	⊕	<b>97</b>	3147	.00
	<b>98</b>	Amount of line 97 you want applied to your <b>2022</b> estimated tax . . . . .	●	<b>98</b>		.00
	<b>99</b>	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	●	<b>99</b>	3147	.00
	<b>100</b>	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . .	⊕	<b>100</b>		.00
	<hr/>					

Contributions			Code	Amount		
		California Seniors Special Fund. See instructions . . . . .	●	<b>400</b>		.00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	●	<b>401</b>		.00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	●	<b>403</b>		.00
		California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	●	<b>405</b>		.00
		California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	●	<b>406</b>		.00
		Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	●	<b>407</b>		.00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	●	<b>408</b>		.00
		California Sea Otter Voluntary Tax Contribution Fund . . . . .	●	<b>410</b>		.00
		California Cancer Research Voluntary Tax Contribution Fund . . . . .	●	<b>413</b>		.00
		School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . . .	●	<b>422</b>		.00
		State Parks Protection Fund/Parks Pass Purchase . . . . .	●	<b>423</b>		.00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	●	<b>424</b>		.00
		Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	●	<b>425</b>		.00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	●	<b>431</b>		.00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	●	<b>438</b>		.00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	●	<b>439</b>		.00
		Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	●	<b>440</b>		.00
		Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	●	<b>443</b>		.00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . .	●	<b>444</b>		.00	
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund . . . . .	●	<b>445</b>		.00	
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund . . . . .	●	<b>446</b>		.00	
	<b>110</b> Add code 400 through code 446. This is your total contribution . . . . .	●	<b>110</b>		.00	

Your name:  Your SSN or ITIN:

**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 not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, 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 5805 attached •  FTB 5805F 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: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . • 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 whole dollars only.  
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
• Routing number  • Type  Checking • Account number  • 116 Direct deposit amount    
• Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:  
• Routing number  • Type  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 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)

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

**Sign Here**

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

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

Joint tax return? (See instructions)

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

CAWK_AGI	For your records only. Adjusted Gross Income Split Worksheet		2021 AGI FD/ST Summary	
Name(s) as shown on state return NITIN S DEB & MEHA J NEGANDHI			Social Security Number 448-91-1694	
Federal 1040 Income and Adjustments	Federal		State	
	Col. A Taxpayer	Col. B Spouse	Col. A Taxpayer	Col. B Spouse
<b>Federal 1040</b>				
1 Wages, salaries, tips, etc. . . . .	1	91,856		88,563
2b Taxable interest . . . . .	2b			
3b Ordinary dividends . . . . .	3b	130		130
4b Taxable amount of IRA distributions . . . . .	4b			
5b Taxable amount of Pensions and annuities . . . . .	5b			
6b Taxable amount of Social security benefits . . . . .	6b			
7 Capital gain or (loss) . . . . .	7	204		204
8 Other income from Schedule 1 . . . . .	8			
9 Total income (Sum of Lines 1-8) . . . . .	9	92,190		88,897
10 Adjustments to income from Schedule 1 . . . . .	10			
11 Adjusted Gross Income (line 9 - line 10) . . . . .	11	92,190		88,897
<b>Schedule 1 - Additional Income</b>				
1 Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1			
2a Alimony received . . . . .	2a			
3 Business income or (loss) . . . . .	3			
4 Other gains or (losses) . . . . .	4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . .	5			
6 Farm income or (loss) . . . . .	6			
7 Unemployment compensation . . . . .	7			
8 Other income . . . . .	8			
10 Total Additional Income (Sum of lines 1-8) . . . . .	10			
<b>Schedule 1 - Adjustments to Income</b>				
11 Educator Expenses . . . . .	11			
12 Certain business expenses of reservists, performing artists, & fee-basis gov. officials . . . . .	12			
13 Health savings account deduction . . . . .	13			
14 Moving expenses . . . . .	14			
15 Deductible part of self-employment tax . . . . .	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			
20 IRA deduction . . . . .	20			
21 Student loan interest deduction . . . . .	21			
22 Reserved . . . . .	22			
23 Archer MSA Deduction . . . . .	23			
24 Other Deductions (see STWK_ADJ) . . . . .	24			
26 Total Adjustments to income (Sum of lines 11-24) . . . . .	26			

**2021 California Adjustments - Residents**

**CA (540)**

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

Name(s) as shown on tax return NITIN S DEB & MEHA J NEGANDHI	SSN or ITIN 448-91-1694
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<b>Part I Income Adjustment Schedule</b>		<b>A Federal Amounts</b> <small>(taxable amounts from your federal tax return)</small>	<b>B Subtractions</b> <small>See instructions</small>	<b>C Additions</b> <small>See instructions</small>
<b>Section A - Income</b> from federal Form 1040 or 1040-SR				
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C . . . . . 1	<input checked="" type="radio"/>	91856	<input checked="" type="radio"/>	231
2 Taxable interest. <b>a</b> <input checked="" type="radio"/>	2b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
3 Ordinary dividends. See instructions. <b>a</b> <input checked="" type="radio"/> 102	3b <input checked="" type="radio"/>	130	<input checked="" type="radio"/>	
4 IRA distributions. See instructions. <b>a</b> <input checked="" type="radio"/>	4b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
5 Pensions and annuities. See instructions. <b>a</b> <input checked="" type="radio"/>	5b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
6 Social security benefits. <b>a</b> <input checked="" type="radio"/>	6b <input checked="" type="radio"/>		<input checked="" type="radio"/>	
7 Capital gain or (loss). See instructions . . . . . 7	<input checked="" type="radio"/>	204	<input checked="" type="radio"/>	
<b>Section B - Additional Income</b> from federal Schedule 1 (Form 1040)				
1 Taxable refunds, credits, or offsets of state and local income taxes . . . . . 1	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
2a Alimony received. See instructions . . . . . 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
3 Business income or (loss). See instructions . . . 3	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
4 Other gains or (losses) . . . . . 4	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. . . . . 5	<input checked="" type="radio"/>	0	<input checked="" type="radio"/>	
6 Farm income or (loss) . . . . . 6	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
7 Unemployment compensation . . . . . 7	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
8 Other income:				
<b>a</b> Federal net operating loss . . . . . 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>b</b> Gambling income . . . . . 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>c</b> Cancellation of debt . . . . . 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>d</b> Foreign earned income exclusion from federal Form 2555 . . . . . 8d	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>e</b> Taxable Health Savings Account distribution.. 8e	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>f</b> Alaska Permanent Fund dividends . . . . . 8f	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>g</b> Jury duty pay . . . . . 8g	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>h</b> Prizes and awards . . . . . 8h	<input checked="" type="radio"/>		<input checked="" type="radio"/>	



Section B - Additional Income Continued	<b>A</b> Federal Amounts (taxable amounts from your federal tax return)	<b>B</b> Subtractions See instructions	<b>C</b> Additions See instructions
i Activity not engaged in for profit income . . . 8i	<input type="radio"/>		
j Stock options . . . . . 8j	<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"/>		
l Olympic and Paralympic medals and USOC prize money . . . . . 8l	<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"/>
p Taxable distributions from an ABLÉ account 8p	<input type="radio"/>		
z Other income. List type and amount.  <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>9 a</b> Total other income. Add lines 8a through 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V . . . . . 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school . . . . . 9b4	<input type="radio"/>	<input type="radio"/>	
<b>10 Total.</b> Combine Section A, line 1 through line 7 and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions . . . . . 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	92190		231

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

11 Educator expenses . . . . . 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction . . . . . 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions . . . . . 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions . . . . . 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions . . . . . 17	<input type="radio"/>	<input type="radio"/>	



Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18	Penalty on early withdrawal of savings . . . . .	18 <input type="radio"/>		
19 a	Alimony paid . . . . .	19a <input type="radio"/>		<input type="radio"/>
	b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20	IRA deduction . . . . .	20 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction . . . . .	21 <input type="radio"/>		<input type="radio"/>
22	Reserved for future use . . . . .	22		
23	Archer MSA deduction . . . . .	23 <input type="radio"/>		
24	Other adjustments:			
	a Jury duty pay . . . . .	24a <input type="radio"/>		
	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit . . . . .	24b <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . . .	24c <input type="radio"/>	<input type="radio"/>	
	d Reforestation amortization and expenses . . . . .	24d <input type="radio"/>	<input type="radio"/>	
	e Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .	24e <input type="radio"/>		
	f Contributions to IRC Section 501(c)(18)(D) pension plans . . . . .	24f <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	g Contributions by certain chaplains to IRC Section 403(b) plans. . . . .	24g <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	h Attorney fees and court costs for actions involving certain unlawful discrimination claims . . . . .	24h <input 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 type="radio"/>	<input type="radio"/>	
	j Housing deduction from federal Form 2555. . . . .	24j <input type="radio"/>	<input type="radio"/>	
	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) . . . . .	24k <input type="radio"/>	<input type="radio"/>	
	z Other adjustments. List type and amount.  <input type="radio"/> _____	24z <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	Total other adjustments. Add lines 24a through 24z . . . . .	25 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions . . . . .	26 <input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	<b>Total.</b> Subtract line 26 from line 10 in columns A, B, and C. See instructions . . . . .	27 <input type="radio"/>	92190 <input type="radio"/>	<input type="radio"/> 231

CAWK\_CA1

Schedule CA(540) and CA(540NR) - Line 1

2021

(Keep for your records)

Name(s) as shown on tax return

Identifying Number

NITIN S DEB & MEHA J NEGANDHI

448-91-1694

(b) Subtraction

(c) Addition

Employer-provided dependent care assistance exclusion		
Active duty military pay . . . . .		
Combat zone foreign earned income exclusion . . . . .		
Combat zone extended to Egypt's Sinai Peninsula . . . . .		
Sick pay received under FICA and RRA . . . . .		
Ridesharing fringe benefit differences . . . . .		
Movie expense reimbursements . . . . .		
Exclusion for compensation from exercising a CQSO . . . . .		
Employer HSA contribution . . . . .		231
IHSS supplementary payments . . . . .		
native American earned income exemption . . . . .		
Income exempted by U.S. treaties . . . . .		
Clergy housing exclusion . . . . .		
Housing exclusion for state-employed clergy . . . . .		
Federal self employment income classified as CA wages		
<b>540NR Only</b>		
Foreign income . . . . .		
Nonresident compensation of merchant seaman, Rail, Motor and Air carriers . . . . .		
<b>TOTAL</b> . . . . .		231

Name(s) as shown on state return NITIN S DEB & MEHA J NEGANDHI	Social Security Number 448-91-1694
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Part I Short-Term Capital Gains and Losses		Taxpayer	Spouse	Total
<b>Line 1a</b>	Totals for all ST 1099-B transactions reported to the IRS . . . . .			
<b>Line 1b</b>	Transactions reported on 8949 with Box A checked . . . . .	67		67
<b>Line 2</b>	Transactions reported on 8949 with Box B checked . . . . .			
<b>Line 3</b>	Transactions reported on 8949 with Box C checked . . . . .			
<b>Line 4</b>	Federal 6252 Short Term . . . . .			
	Federal 4684 Short Term . . . . .			
	Federal 6781 Short Term . . . . .			
	Federal 8824 Short Term . . . . .			
	Fed D2 ST Ln 4 (6252,4684,6781& 8824) . . . . .			
<b>Line 5</b>	Partnership, S-Corporation, Fiduciary . . . . .			
	Fiduciary Final Year Deductions . . . . .			
<b>Line 6</b>	Federal Schedule D ST carryover amounts . . . . .			
<b>Subtotal:</b>		67		67

Part II Long-Term Capital Gains and Losses		Taxpayer	Spouse	
<b>Line 8a</b>	Totals for all LT 1099-B transactions reported to the IRS . . . . .			
<b>Line 8b</b>	Transactions reported on 8949 with Box D checked . . . . .			
<b>Line 9</b>	Transactions reported on 8949 with Box E checked . . . . .			
<b>Line 10</b>	Transactions reported on 8949 with Box F checked . . . . .			
<b>Line 11</b>	Federal 4797 Long Term . . . . .			
	Federal 4797 Prior Year Unallowed Passive . . . . .			
	Federal 4797 Sec 1231 from 6252 . . . . .			
	Federal 4797 Sec 1231 from 8824 . . . . .			
	Federal 2439 Long Term . . . . .			
	Federal 6252 Long Term . . . . .			
	Federal 4684 Long Term . . . . .			
	Federal 6781 Long Term . . . . .			
	Federal 8824 Long Term . . . . .			
<b>Line 12</b>	Partnership, S-Corporation, Fiduciary . . . . .			
	Final Year Deductions from Fiduciary . . . . .			
<b>Line 13</b>	Capital Gain Distributions . . . . .	137		137
<b>Line 14</b>	Federal Schedule D LT carryover amounts . . . . .			
<b>Subtotal:</b>		137		137

State's Computation			
Total Capital Gain or Loss . . . . .		204	204
Limited Capital Gain or Loss (Amount carrying to the State) . . . . .		204	204

**Special Note 1**  
When multiple Federal 6252s & 8824s are entered for business **and** personal properties, Overrides **will** be required.  
You may enter individual Overrides on state Sch D screen. Please review the following lines to determine if an Override is necessary.

- \* Line 4 - Federal 6252 Short Term
- \* Line 4 - Federal 8824 Short Term
- \* Line 11 - Federal 4797 Sec 1231 from 6252
- \* Line 11 - Federal 4797 Sec 1231 from 8824
- \* Line 11 - Federal 6252 Long Term
- \* Line 11 - Federal 8824 Long Term



CAEF\_ACK

**Acknowledgement and General Information for  
Taxpayers Who File Returns Electronically**

**2021**

Name(s) as shown on return

NITIN S DEB & MEHA J NEGANDHI

Identification Number

\*\*\*-\*\*-1694

Address

12410 ALAMEDA TRACE CIR APT 1524  
AUSTIN, TX 78727

**Thank you for participating in IRS e-file.**

1.  Your 2021 state income tax return for CA540 was filed electronically.  
The electronic filing services were provided by ADVANTAGE ONE PARTNERS INC
  
2.  Your return was accepted on 10-15-2022 using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you.  
The submission ID assigned to this return is 540893202228812iwpu.

**PLEASE DO NOT SEND A PAPER COPY OF THE TAX RETURN TO THE  
STATE. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**



Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . .

	<b>A Federal Amounts</b> (from federal Schedule A (Form 1040))	<b>B Subtractions</b> See instructions	<b>C Additions</b> See instructions
<b>Medical and Dental Expenses</b> See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 92190 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 6914 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
<b>Taxes You Paid</b>			
5 a State and local income tax or general sales taxes. . . . . 5a <input checked="" type="radio"/> 5456 <input checked="" type="radio"/> 5456	5456	5456	
b State and local real estate taxes . . . . . 5b <input checked="" type="radio"/>			
c State and local personal property taxes . . . . . 5c <input checked="" type="radio"/>			
d Add line 5a through line 5c . . . . . 5d <input checked="" type="radio"/> 5456	5456		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C. . . . . 5e <input checked="" type="radio"/> 5456 <input checked="" type="radio"/> 5456 <input checked="" type="radio"/>	5456	5456	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/> _____ 6 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. . . . . 7 <input checked="" type="radio"/> 5456 <input checked="" type="radio"/> 5456 <input checked="" type="radio"/>	5456	5456	<input checked="" type="radio"/>
<b>Interest You Paid</b>			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098 . . . . . 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098.. 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums . . . . . 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e Add line 8a through line 8d . . . . . 8e <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest . . . . . 9 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. . . . . 10 <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>



Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
<b>Gifts to Charity</b>			
11 Gifts by cash or check . . . . . 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check . . . . . 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year . . . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13 . . . . . 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Casualty and Theft Losses</b>			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Other Itemized Deductions</b>			
16 Other-from list in federal instructions . . . . . 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C . . . . . 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	5456	5456	
18 Total. Combine line 17 column A less column B plus column C . . . . . <input type="radio"/> 18			

**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 . . . . . <input type="radio"/> 19	_____
20 Tax preparation fees . . . . . <input type="radio"/> 20	_____
21 Other expenses - investment, safe deposit box, etc. List type <input type="radio"/> _____ <input type="radio"/> 21	_____
22 Add line 19 through line 21 . . . . . <input type="radio"/> 22	_____
23 Enter amount from federal Form 1040 or 1040-SR, line 14 . . . . . <input type="radio"/> _____ 92190	_____
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . <input type="radio"/> 24	1844
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . <input type="radio"/> 25	_____
26 Total Itemized Deductions. Add line 18 and line 25 . . . . . <input type="radio"/> 26	_____
27 Other adjustments. See instructions. Specify. <input type="radio"/> _____ <input type="radio"/> 27	_____
28 Combine line 26 and line 27 . . . . . <input type="radio"/> 28	_____
<b>29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?</b>	
Single or married/RDP filing separately . . . . .	\$212,288
Head of household . . . . .	\$318,437
Married/RDP filing jointly or qualifying widow(er) . . . . .	\$424,581
<b>No.</b> Transfer the amount on line 28 to line 29.	
<b>Yes.</b> Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . . <input type="radio"/> 29	_____
<b>30 Enter the larger of the amount on line 29 or your standard deduction listed below</b>	
Single or married/RDP filing separately. See instructions . . . . .	\$4,803
Married/RDP filing jointly, head of household, or qualifying widow(er). . . . .	\$9,606
Transfer the amount on line 30 to Form 540, line 18 . . . . . <input type="radio"/> 30	9606