

COVER PAGE**Filing Checklist for 2020 California Tax Return Filed On Standard Forms**

Prepared on: 10/28/2024 09:56:06 pm

Return: D:\HRBlock2020\SUNDARAM KANNAN 2020 Tax Return.T20

Quick Summary

Federal AGI	\$-79,005
California Additions	183,321
California Subtractions	0
California AGI	104,316
Total Tax	2,372
Tax Payments	0
California Refund	0
Amount You Owe	\$2,372

To file your 2020 tax return, simply follow these instructions:

Step 1. Sign and date the return**Step 2. Assemble what you need to mail**

In addition to the forms the program will print for you, you must review the items below for any other documents required by your state.

- attach a copy of your federal return to your California return.
- if you received a mailing label from the state, and your name, address, Social Security number, and filing status are the same as they were last year, affix the mailing label to the envelope; otherwise, do not affix the mailing label to your return. Instead, write the mailing address on the envelope.
- if you have more than one item of other income, attach a copy of your Schedule CA (540NR), Line 21 mini-worksheet, 'Mini-worksheet for Additions and Subtractions to Other Income.' To print this mini-worksheet, go to Forms and choose 'Open Forms', click on the 'CA' tab, open Schedule CA (540NR), click Print and choose 'Print as Shown' and click 'OK.' If you have less than two items of other income, you do not need to print or attach this mini-worksheet.

To print your federal return or the federal forms listed above:

1. Click the Print button in the top-right corner of the program.
2. In the Select What to Print box select federal.
3. Choose the Official Return or the Selected Forms radio button.
4. For Selected Forms, select each form you would like to print in the box below.
5. Then click Print.

Step 3. Pay the balance due on your taxes

Make your check or money order for \$2372 payable to "Franchise Tax Board". Don't send cash.

Write the following on your check or money order:

- your social security number.
- 2020 Form 540NR.

Step 4. Mail the returnFranchise Tax Board
PO Box 942867

Sacramento, CA 94267-0001

We recommend that you use one of these methods to send your return. Retain the proof of mailing to avoid a late filing penalty:

- U.S. Postal Service certified mail.
(if not mailing to a P.O. Box, you may also use one of the following)
- DHL Express, Express 9:00, Express 10:30, Express 12:00, Express Worldwide, Express Envelope, Import Express 10:30, Import Express 12:00, and Import Express Worldwide.
- FedEx First Overnight, Priority Overnight, Standard Overnight, 2 Day, International Next Flight Out, International Priority, International First, or International Economy.
- UPS Next Day Air Early A.M., Next Day Air, Next Day Air Saver, 2nd Day Air, 2nd Day Air A.M., Worldwide Express Plus, or Worldwide Express.

Step 5. Keep a copy

Print a second copy of the return for your records. We recommend that you also print and retain these supporting forms, which don't need to be sent to the state:

- Background Worksheet

Fiscal year filers only: Enter month of year end: month ___ year 2021

Check here if this is an AMENDED return.

APE _____ ATTACH FEDERAL RETURN _____

Name 625-13-1674 KANN 624-21-6796 20

and SUNDARAM KANNAN

Address TINA VAS

DRONGO SJR WATERMARK HARALUR ROAD APT 1103

BANGALORE

INDIA KARNATAKA 560102

06-05-1972 11-21-1974

NOTE: If you are filing jointly on your federal tax return, you may file separately on your state tax return in certain limited circumstances. To do so, go back to your federal program and create a return using the married filing separate status in order for the program to calculate your California return correctly.

If your California filing status is different from your federal filing status, check the box here ● 5

- Filing Status**
- 1 Single
 - 2 Married filing joint return (even if only one spouse had income)
 - 3 Married filing separate return. Enter spouse's social security number above and full name here. _____
 - 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter child's name here. _____
 - 5 Qualifying widow(er).
Year spouse/RDP died _____
Qualifying child not a dependent: _____

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box. See instructions ● 6
Even if he/she chooses not to claim you as a dependent on his/her return, the box must be checked.

- 7 Personal: If you checked box 1, 3, or 4, enter 1; if you checked 2 or 5, enter 2 7 2 X \$124= \$ 248
- 8 Blind: If you or your spouse is visually impaired, enter 1; if both, enter two 8 0 X \$124= \$ 0
- 9 Senior: If you/spouse are 65 or older, enter 1. If both are 65 or older, enter 2 ● 9 0 X \$124= \$ 0

10 Dependents:

	Dependent 1	Dependent 2	Dependent 3
First name	<u>Anoushka</u>	<u>Aadi</u>	_____
Last name	<u>Kannan</u>	<u>Kannan</u>	_____
SSN	<u>618-33-7794</u>	<u>612-57-4909</u>	_____
Dep relationship	<u>Daughter</u>	<u>Son</u>	_____
Total Dep ●10 <u>2</u> X \$383= \$ <u>766</u>			

NOTE: The total number of dependents is calculated from your federal return as the number of children living with you plus the number of children living apart plus the number of other dependents.

Name(s): SUNDARAM KANNAN
TINA VAS

SSN: 625-13-1674
624-21-6796

11	Add lines 7 - 10. This is your total exemption amt	11	\$	1,014
12	Total CA wages from Form W-2, box 16	12		0
13	Fed AGI from your federal return	13		-79,005
14	CA adjustments-subtractions.From Sch CA,In 23, col B	14		0
15	Sub In 14 from In 13.If less than 0,enter in paren	15		-79,005
16	CA adjustments-additions. From Sch CA, In 23, col C	16		183,321
17	AGI from all sources. Combine line 15 and line 16	17		104,316

MINI-WORKSHEET for The Standard Deduction for Dependents

This worksheet is always calculated, but it will only be used if someone else can claim you as a dependent (see line 6 above).

a.	Earned income from your federal return	350
b.	Minimum standard deduction	1,100
c.	Enter the larger of line b or line c	1,100
d.	Regular standard deduction amount for your filing status	9,202
	-Single, or Married Filing Separate. Enter \$4,601.	
	-Married Filing Joint, Head of Household, and	
	-Widow(er). Enter \$9,202.	
e.	Smaller of lines c or d. Carry to line 18 as your standard deduction only if someone else can claim you as a dependent	1,100

18	Enter the Your CA item ded (Sch CA,Part III, In 30) larger of: Your CA standard deduction (See instr)	18		9,202
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NOTE: If you are Married Filing Separate and your spouse itemizes his/her deductions in CA, you must also itemize your deductions.
 Chk here if you must itemize because MFS.

19	Subtract line 18 from line 17. If less than zero, enter -0-. This is your total taxable income	19		95,114
----	--	----	--	--------

31	Tax. Check if from <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803	31		3,390
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Caution: If under age 24 and you have more than \$1,900 of investment income, read the line 31 instructions to see if you must attach FTB 3800.

32	California adjusted gross income from Sch CA(540NR), Part IV, line 1	32		104,316
35	CA Taxable Income. Sch CA(540NR), Part IV, line 5	35		95,114
36	CA Tax Rate. Divide line 31 by line 19	36		0.0356
	If more than 1, enter 1.000.			
37	CA Tax Before Exemption Credits	37		3,386
	Multiply line 35 by line 36.			
38	CA Credit Proration Percentage	38		1.0000
	Divide line 35 by line 19. If more than 1, enter 1.0000			

MINI-WORKSHEET for Military Benefits

Exemption credits include military benefits

39	CA Prorated Exemption credits	39		1,014
	If amount on line 13 is more than \$203,341, see instructions. Otherwise, multiply line 11 by line 38.			
40	CA Regular Tax Before Credits	40		2,372
	Subtract line 39 from line 37. If less than 0, enter 0.			

MINI-WORKSHEET for Line 41

This worksheet is used to calculate line 41. The amount of tax from Schedule G-1 will be carried for you, but you will need to enter the amount of tax from form FTB 5870A, if applicable.

a.	Enter the amount from Schedule G-1	0
b.	Enter the amt of tax on Form 5870A. If an amt is entered here, we will check the FTB 5870A box on line 41	
c.	Add line A and line B Carry total to line 41	0

41	Tax. From <input type="checkbox"/> Schedule G-1 & from <input type="checkbox"/> Form FTB 5870A	41		0
42	Add line 40 and 41	42		2,372

MINI-WORKSHEET for Nonrefundable Child and Dependent Care Expenses Credit

a.	Qualifying person's social security number
b.	Qualifying person's social security number
c.	Enter amount from FTB 3506, Part III, In 8

d. Nonref Child/Dep Care Cr, Form 3506, In 12
The amount of your credit on Line d is the maximum credit
you may receive. This amount is often limited on Line 50 below.

50 Nonref Child/Dep Cr Code 232	• 50	_____
51 Credit for joint custody head of household	• 51	_____
52 Credit for dependent parent. See instr	• 52	_____
53 Credit for senior head of household	• 53	_____
54 Credit percentage and credit amt	54	<u>1.0000</u>
55 Credit amount	• 55	_____0

END OF PAGE 2

Name(s): SUNDARAM KANNAN
TINA VAS

SSN: 625-13-1674
624-21-6796

- 58 Enter credit name _____ cde no. ____ & amount . . . ▶ 58 _____
- 59 Enter credit name _____ cde no. ____ & amount . . . ▶ 59 _____
- 60 To claim more than two credits, see instructions ● 60 _____
- 61 Nonrefundable renter's credit. See instructions ● 61 _____ 0
- 62 Add lines 50, 55, 58 through 61. Total credits 62 _____ 0
- 63 Subtract ln 62 from ln 42.If less than zero,enter 0 63 _____ 2,372

- 71 Alternative minimum tax. Attach Schedule P (540NR) ● 71 _____
- 72 Mental Health Services Tax ● 72 _____

MINI-WORKSHEET for Other Taxes & Credit Recapture	
a. Tax from Form 3805P	0
b. Tax on nonqualified deferred compensation plan (s.409A)	_____
c. Farm Worker Housing Credit (FWHC)	_____
d. Community Development Financial Institution Investment Credit (CDFI)	_____
e. Environmental Tax Credit	_____
f. Additional Other taxes	_____
g. Interest on deferred tax (IRC 453)	_____
h. Total Other Taxes (to line 73)	0

- 73 Other taxes and credit recapture. ● 73 _____ 0
- See instructions.
- 74 Excess advance Premium Assistance Subsidy (PAS) repayment ● 74 _____
 - 75 Add lines 63 & 71-74. This is your total tax ● 75 _____ 2,372

MINI-WORKSHEET for California Income Tax Withheld	
a. California income tax withheld on W-2, box 17, W-2G, box 15, 1099-R, box 12, 1099-MISC, box 16, 1099-B, 1099-INT, 1099-DIV and 1099-NEC	0
b. California inc tax withld on 1099 forms (other than 1099-R, 1099-B, 1099-MISC, 1099-MISC, 1099-INT, 1099-DIV, 1099-NEC)	_____
Description of withholding _____	
c. Income tax withheld from California forms 592-B and 593-B. Carry to line 83	_____
d. Total California income tax withheld. Carry to line 81	0

- 81 CA inc tax withheld. Tot 2020 W-2, W-2G ● 81 _____ 0

MINI-WORKSHEET for State Estimated Tax Payments	
State estimated tax payments are carried from the Deductions section within the federal interview.	

- 82 2020 CA estimated tax and other payments ● 82 _____ 0
Also includes amt from Sch K-1 (541 or 100S). If any estimated tax payments on the Background Worksheet were from a Schedule K-1 (568), enter "LLC" in the space next to line 83.
- 83 Real estate or other withholding ● 83 _____
See instructions. Attach a copy of Form(s) 593 and 592-B if applicable.

MINI-WORKSHEET for Excess SDI Withheld		
This worksheet will only calculate if you meet the following three conditions:		
1) You or your spouse had two or more employers during 2020.		
2) You or your spouse received more than \$122,909 in wages.		
3) The amounts of SDI (or VPD) withheld appear on your Forms W-2.		
	Self	Spouse
a. Amount of SDI withheld on your CA W-2's	0	0
b. 2020 SDI (or VPD) limit	\$1,229	\$ 1,229
c. Total excess SDI (line a minus line b)	0	0

- 84 Excess SDI. See instructions ● 84 _____ 0
- 85 Earned Income Tax Credit (EITC) ● 85 _____
- 86 Young Child Tax Credit (YCTC) ● 86 _____
- 87 Net Premium Assistance Subsidy (PAS) ● 87 _____
- 88 Add lines 81-87. These are your total payments 88 _____ 0

- 91 Individual Shared Responsibility (ISR) Penalty. See instructions *●91 _____

Full Year Coverage

- 92 Payments after Indiv Shared Responsibility Penalty ● 92 _____ 0

92	Payments after Indiv Shared Responsibility Penalty	92	_____	0
	If line 88 is greater than line 91, subtract line 91 from line 88			
93	Individual Shared Responsibility Penalty Balance ●	93	_____	
	If line 91 is greater than line 88, then subtract line 88 from line 91			
101	Overpaid Tax. If In 92 more than In 75, In 92-In 75	101	_____	
102	Amt of line 101 applied to 2021 estimated tax ●	102	_____	
	<i>Note: Amended returns will have zero estimated taxes applied.</i>			

END OF PAGE 3

Not
For
Filing

Name(s): SUNDARAM KANNAN
TINA VAS

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103 Overpaid tax available this year. Line 101-102 ● **103** _____
104 Tax Due. If ln 92 is less than ln 75, ln 75-ln 92 **104** _____ 2,372

Voluntary Contributions **Code** **Amount**

MINI-WORKSHEET for Contribution to Seniors Fund

This worksheet calculates the maximum Senior Citizens contribution you may enter for Code 400.

a. Enter \$124 for you; enter \$248 for you and spouse	0
b. Enter ratio from line 38	<u>1.0000</u>
c. Maximum contribution amount allowed	0

- California Seniors Special Fund ● **400** _____
Note: You or your spouse must be a senior to make a contribution.
- Alzheimer's Disease/Related Dementia Fund ● **401** _____
- Rare/Endangered Species Preservation Program ● **403** _____
- California Breast Cancer Research Fund ● **405** _____
- California Firefighters' Memorial
- Voluntary Tax Contribution Fund ● **406** _____
- Emergency Food for Families Fund ● **407** _____
- California Peace Officer Memorial Foundation Voluntary
- Tax Contribution Fund ● **408** _____
- CA Sea Otter Voluntary Tax Contribution Fund ● **410** _____
- California Cancer Research Fund ● **413** _____
- CA School Supplies for Homeless Children Fund ● **422** _____
- CA State Parks Protection Fd/Parks Pass Purchase ● **423** _____
- Protect Our Coast and Oceans Fund ● **424** _____
- Keep Arts in School Fund ● **425** _____
- Prevention of Animal Homelessness ● **431** _____
- and Cruelty Voluntary Tax Contribution Fund
- CA Senior Citizen Advocacy Vol. Tax Contrib. Funds ● **438** _____
- Native CA Wildlife Rehab. Vol. Tax Contrib. Fund ● **439** _____
- Rape Backlog Kit Voluntary Tax Contribution Fund ● **440** _____
- Schools Not Prisons Fund ● **443** _____
- Suicide Prevention Voluntary Tax Contrib. Fund ● **444** _____

120 Add code 400 through 444. This is your total contribution ● **120** _____ 0

Name(s): SUNDARAM KANNAN
TINA VAS

SSN: 625-13-1674
624-21-6796

121 AMOUNT YOU OWE. Add line 93, 104 and 120 ●121 2,372
Mail to: FRANCHISE TAX BOARD, P.O. BOX 942867,
SACRAMENTO CA 94267-0001

122 Interest, late return and late payment penalties122
123 Underpayment of estimated tax ●123
Check the box: 5805 attached 5805F attached

MINI-WORKSHEET for Underpayment of Estimated Tax
If you have a penalty on In 122 or 123, the REFUND OR NO AMOUNT DUE on In 125 or AMOUNT YOU OWE on line 121 is not what you will receive as a refund or pay as tax owed. Look below to see what your refund or amount due will be & attach your form 5805 to the front of form 540NR.
a. Your actual refund for 2020
b. The total amount due for 2020 2,372

124 Total amount due 124 2,372
Enclose, but do not staple any payment.
NOTE: Make check or money order for full amount payable to "Franchise Tax Board." Write your SSN and "2020 Form 540NR" on your check.

125 REFUND OR NO AMT DUE. Subtract line 120 from 103 ●125
Mail your return to: FRANCHISE TAX BOARD,
P.O. BOX 942840, SACRAMENTO CA 94240-0001

Note: The California Franchise Tax Board may first verify that the financial institution that is receiving the Direct Deposit has the same name as person on the tax return.

All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

Checking Routing number Direct deposit amount ●126
Savings Account number

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

Checking Routing number Direct deposit amount ●127
Savings Account number

IMPORTANT: Attach a copy of your complete federal return.

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice.

To request this notice by mail, call 800.852.5711.

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

It is Your signature Spouse/RDPs (required if joint) Date
unlaw XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX Preferred Phone No.
Your email address. Enter only one email address.
kannansun@gmail.com

Signature of paid preparer Preparer's SSN/PTIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Firm's name (or yours if SE) Firm's Address FEIN
signature

Do you want to allow another person to discuss this return with us (see instructions) Yes No

Print Third Party Designee's name
Third Party Designee Telephone

Important: Attach this schedule directly behind Form 540NR.

Name(s) as shown on return **Soc sec number**
 SUNDARAM KANNAN 625-13-1674
 TINA VAS

Part I Residency Information. You must complete this part

During 2020: Yourself Spouse

- 1 My California (CA) resident status (Check one)**
a. Myself: Nonresident Part-Year Resident Resident
b. Spouse: Nonresident Part-Year Resident Resident

- 2a I was domiciled in (enter state or country)** IN IN
Self: Country abbreviation? Yes No or not applicable
Spouse: Country abbreviation? Yes No or not applicable
b I was in the military & stationed in (st/country) _____
Self: Country abbreviation? Yes No or not applicable
Spouse: Country abbreviation? Yes No or not applicable

MINI-WORKSHEET for Resident Date of Move

a. Date of move - taxpayer _____
b. Date of move - spouse _____

- 3 I became a CA resident (enter the date of move and state or country of prior residence)** _____
Self: Country abbreviation? Yes No or not applicable
Spouse: Country abbreviation? Yes No or not applicable

MINI-WORKSHEET for Nonresident Date of Move

a. Date of move - taxpayer _____
b. Date of move - spouse _____

- 4 I became a nonresident (enter the date of move and state or country of new residence)** _____
Self: Country abbreviation? Yes No or not applicable
Spouse: Country abbreviation? Yes No or not applicable

- 5 I was a nonresident of California the entire year (enter state or country of residence)** IN IN
Self: Country abbreviation? Yes No or not applicable
Spouse: Country abbreviation? Yes No or not applicable

- 6 The number of days I spent in California (for any purpose) is:** _____ 0 _____ 0

- 7 I owned a home/property in CA during 2020 (yes/no)** Y

Before 2020: (Enter dates as MM/DD/YYYY or leave blank if not applicable).

MINI-WORKSHEET for Residency Period

a. Residency period beginning date - taxpayer 01/05/1999
b. Residency period ending date - taxpayer 06/09/2010
c. Residency period beginning date - spouse 01/06/1999
d. Residency period ending date - spouse 06/10/2010

- 8 I was a CA resident for the period** Taxpayer 01/05/1999 to 06/09/2010
 (Enter Dates) Spouse 01/06/1999 to 06/10/2010

Part II Income Adjustment Sch A B C D E

Section A - Income See instructions	Federal Amount	Adjustments Subtracts	Additions	Total Amt w/ CA Law	CA Amounts
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MINI-WORKSHEET for Wage Adjustments

*NOTE: Enter amounts only if included in your federal AGI.
 Items A through I are subtractions from income.*

a. Received Paid Family Leave benefits on Form W-2 _____
b. Military pay _____
c. Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act _____
d. Ridesharing fringe benefits _____
e. Compensation from exercising a CA Qualified Stock Option _____
f. Nonresident compensation of merchant seamen, rail, motor, and aircraft carriers _____
g. In-Home Supportive Services (IHSS) supplementary pymnts _____
h. Health insurance exclusions (domestic partners) for health-care compensation that employers provide to employees who have domestic partners. _____
i. Services performed by tribal members on the reservation on which they live _____
i. Received _____

j. Reserved	0
Total subtractions from wages	0
k. Employer health savings account contribution (addition) <i>From your W-2, box 12, code W. Amount carries to column C below.</i>	0
l. Sinai Peninsula combat zone pay (addition)	0
m. Sch C gross income of a taxpayer classified as an independent contractor for federal tax purposes, but classified as an employee in California.	0
n. Foreign income exempted by US tax treaties	0
o. Total additions to wages	0

1 Wages, salaries, tips	0	0	0	0	0
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MINI-WORKSHEET for Taxable Interest Income Adjustments

a. U.S. Treasury interest <i>Reported on federal Form 1099 INT/OID or Form 1099 DIV</i>	0
b. Other Subtractions not included in Line A	0
c. Total subtractions to interest	0

2 Taxable int	a	0	45	45	45
3 Ord dividend	a	0	0	0	0
4 IRA dist	a	0	0	0	0
5 Pension and annuities	a	0	0	0	0

MINI-WORKSHEET for Retirement Income

Total adj (a)	0	0	0	0	0
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6 Social security benefits	a	0	b		
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MINI-WORKSHEET for Capital Gains Allocation in Column E

If you are required to file Sch D(NR), you will allocate your capital gains to California on that form and we will carry it here. Otherwise, you will allocate your capital gains on line b below.

a. Total capital gains under CA law	129,271
b. Capital gains allocation made on Sch CA (ADJNR)	129,271
c. Capital gains allocation made on Sch D (NR)	0
d. Allocation amount to carry to line 13, Column E below	129,271

If there is an amount on line C, we carry line C to line 13, Column E. Otherwise, we will carry the allocation made on line B to line 13 Column E.

7 Capital gain or (loss)	129,271	0	129,271	129,271
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Section B - Additional Inc	Federal Amount	Adjustments Subtracts	Additions	Total Amt w/ CA Law	CA Amounts
1 State tax refund.....	0	0			

MINI-WORKSHEET for Alimony Received

	Federal	Additions
a. Alimony received under a post-2018 agreement	0	0
b. Alimony received under a pre-2018 agreement	0	0
c. Total adjustments	0	0

2a Alimony received	0	0	0
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MINI-WORKSHEET for Business Income Adjustments

	Subtract.	Additions
a. Adjustments from Form 3885A	0	0
b. Adjustments from Form 3801, CA Adjustment WS	0	0
c. Entertainment expenses adjustment	0	0
d. Other adjustments (Lobbying expenses, etc.)	0	0
e. Total adjustments	0	0

3 Business income/(loss)	0	0	0
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4 Other gains or (losses)	0	0	0
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MINI-WORKSHEET for Rents, Royalties, Partnerships etc. Adjustments

	Subtract.	Additions
a. Adjustments from Form 3885A	0	0
b. Adjustments from Form 3801, CA Adjustment WS	0	0
c. Other adjustments (Form 3526, etc.)	0	0
d. Total adjustments	0	0

5 Rents,royalties,p'ship	-25,000	0	-25,000	-25,000
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Section B - Additional Inc See instructions	Federal Amount	Adjustments Subtracts	Adjustments Additions	Total Amt w/ CA Law	CA Amounts
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MINI-WORKSHEET for Farm Income Adjustments

	Subtract.	Additions
a. Adjustments from Form 3885A	0	0
b. Adjustments from Form 3801, CA Adjustment WS	0	
c. Other adjustments (Lobbying expenses, etc.)		
d. Total adjustments	0	0

6 Farm income or (loss)	0			0	
7 Unemployment comp	0	0			

**MINI-WORKSHEET for Line 21,
column E, CA Amount of Other Income**

This worksheet is used to identify the amount, if any, of net operating loss included in other income allocated to CA.

a. Total other income allocated to CA (Line 21, col E)	_____
b. Enter the amount of NOL included in line a <i>(enter the NOL as a negative number)</i>	_____
c. Other income allocated to CA excluding NOL <i>(Line a - Line b)</i>	0

8 Other income.					
a California lottery winnings	a	_____	a		
b Disaster loss ded FTB 3805V	b	_____	b		
c Federal NOL (from federal return)					
8 <u>-183321</u>	c	_____	c	0	0
d NOL deduction from FTB 3805V	d	_____	d		
e NOL from FTB 3805D, 3805Z, 3806, 3807, or 3809	e	_____	e		

MINI-WORKSHEET for Additions and Subtractions to Other Income

	Subtract.	Additions
a. Reward from crime hotline		
b. Foreign earned income or housing excl		183,321
c. Beverage container recycling income		
d. Rebates from local water agency, energy agency, or energy supplier		
e. OID for debt instruments issued in 1985-1986		
f. Foreign income of nonresident aliens		
g. Cost-share pmts received by forest landowners		
h. Coverdell (ESA) Distributions		
i. Health Savings Account distributions for unqualified medical expenses	0	
<i>NOTE: We carry this amount from Federal form 8889, line 16.</i>		
j. Grants paid to low income individuals		
k. CA Nat'l Guard Surv. Sp Relief Act of 2004		
l. Ottoman Turkish Empire Settlement Payments		
m. Reserved		
n. Form FTB 3803 Adjustment	0	0
o. Mortgage relief upon sale or disposition of primary residence		
p. Interest and/or dividend adjustment for income associated with children under the age of 19 or under 24 (full-time students) - due to inconsistent treatment of child's income on a taxpayer's federal and California tax returns.		
q. Reserved		
r. Financial Incentive for Seismic Improvement		
s. Native AmericaFn reservation income..... for tribal members living on the reservation Note: Do not include amounts here if entered on Line 7 as an adjustment to wages.		
t. Olympic awards, medals and prizes		
u. Reserved		
v. Reserved		
w. Qualified equity grants		0
x. Expanded use of 529 account funds		
y. Achieve a Better Life (ABLE) Acct contribs		
z. Foreign earned inc supporting combat troops		

aa.	Section 965 deferred foreign income (DFI)			
ab.	Global Int. Low-Taxed Inc (GILTI) Sec 951A			
ac.	Disallowed excess business loss			
ad.	Health savings account (HSA) earnings			
ae.	Tax free distributions from Sec 529 accounts			
	per federal SECURE Act to cover costs of apprenticeship and qualified education loan repayments			
af.	Employer payments of student loans.....			
	per federal SECURE Act			
ag.	Unemployment compensation exemption			0
ah.	Rent forgiven by a landlord or via funds associated with the 2021 Consolidated Appropriations Act			
ai.	Small business COVID-19 relief grant program			
aj.	Other adjustment			
	<i>Registered Domestic Partners may have uncommon adjustments.</i>			
ak.	Total adjustments to other income	0	183,321	

f	Other (describe) <u>Foreign</u>			
		f	0	f 183,321
g	Student loan discharged due to closure of a for-profit school	g		

9	Total: Sec A 1-6, B 1-8 in each column	-79,005	0	183,321	104,316	104,316
----------	--	---------	---	---------	---------	---------

Section C - Adjustments to Income	A	B	C	D	E
	Federal Amount	Adjustments Subtract	Adjustments Additions	Total Amt w/ CA Law	CA Amounts
10 Educator expense	0	0			

	Subtract.	Additions
a. Depreciation ded reported as a Form 2106 unreimbursed employee business expense		
b. Congressional member living expense		
c. Other business adjustments		
d. Total	0	0

11 Certain business expense of reservists, performing artists and fee-basis government officials	0	0	0	0	0
12 Health savings account	0	0			
13 Moving expenses	0			0	0
Attach federal Form 3903.					
14 Deductible part of self employment tax	0	0		0	0
15 Keogh/self employed SEP/SIMPLE plans	0			0	0
16 Self-employed health insurance deduction		0		0	0
17 Penalty on early withdrawal of savings	0			0	0

Recipient's SSN	Recipient's Last Name	Check if Pre-2019 Agreement	Deductible FEDERAL Amt	Amount Paid
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

Recipient's SSN	Recipient's Last Name	Check if Pre-2019 Agreement	Deductible FEDERAL Amt	Amount Paid
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

18a	Alimony paid		0	0	0
(b)	Recipient SSN				

Name _____
 Recipient SSN _____
 Name _____
 Recipient SSN _____
 Name _____

19 IRA deduction 0 0 0 0 0

MINI-WORKSHEET for Student Loan Interest Deduction

- a. Student loan deduction from your federal return _____
- b. Total interest paid in 2020 on qualified student loans _____
Your interest will be limited to \$2,500.
- c. Federal AGI plus student loan interest deduction _____
- d. Total military income included in Federal AGI _____
- e. Student Loan Interest Deduction _____
We calculate your deduction based on the Student Loan Interest Deduction Worksheet from the instructions for Schedule CA(540NR). Enter this amount on Line 33, Column D
- f. Student Loan Interest Adjustment _____
If line A is less than line E, enter difference on Column C

20 Student loan int ded 0 0 0 0 0
 21 Tuition & fee deduction 0 0 0 0 0

MINI-WORKSHEET for Additions and Subtractions to Total Adjustments

- | | Subtract. | Additions |
|--|-----------|-----------|
| a. Charitable contribution as standard deduction | 0 | |
| b. Excess deduction on estate/trust termination | | |
| c. IRA deductions if over age 70 1/2 | 0 | |
| d. Total adjustments | 0 | |

22 Add line 10 through 21 in each column, A - E
 _____ 0 0 0 0 0

Ln 22, cols a-d, includes any write-in adjustments from your federal return.

23 Total. Subtract Ln 22 from line 9 -79,005 0 183,321 104,316 104,316

Name(s): SUNDARAM KANNAN
TINA VAS

SSN: 625-13-1674

PART III Adjustments To Federal Itemized Deductions

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

	A	B	C
Section A - Income (from federal return)	Federal Amounts	Subtract See inst.	Additions See inst.
Medical and Dental Expenses			
1 Medical and dental expenses	0		
2 Enter amount from your federal return Fed AGI <u>-79,005</u>			
3 Multiply line 2 by 7.5% (0.075)			
4 Subtract line 3 from line 1 (if line 3 is more than line 1, enter 0)	0		0

Taxes You Paid

5a State local inc or general sales taxes	0	0	
5b State and local real estate taxes	0		
5c State and local personal property taxes	0		
5d Add lines 5a through 5c	0		
5e Enter smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	0	0	0

MINI-WORKSHEET for Other Taxes

	Subtract.	Additions
a. Foreign income tax		
b. Generation skipping tax		
c. Other subtractions		
d. Foreign property tax		
e. Total	0	0

6 Other taxes. List type Description	0	0	0
7 Add lines 5e through 6	0	0	0

Interest You Paid

MINI-WORKSHEET for Home Mortgage For Interest Reported on Form 1098

	Subtract.	Additions
a. Mortgage interest credit (Form 8396)		0
b. Other		
c. Total		0

8a Home mortgage interest and points reported to you on federal Form 1098	0		0
---	---	--	---

MINI-WORKSHEET for Home Mortgage For Interest Not Reported on Form 1098

	Subtract.	Additions
a. Mortgage interest credit (Form 8396)		
b. Other		
c. Total		0

8b Home mortgage interest not reported to you on federal Form 1098	0		0
8c Points not reported on Form 1098	0		
8d Mortgage insurance premiums	0	0	
8e Add lines 8a through 8d	0	0	0
9 Investment interest	0	0	
10 Add lines 8e through 9	0	0	0

Gifts to Charity

MINI-WORKSHEET for Gifts by Cash or Check

	Subtract.	Additions
a. Qualified Charitable Contributions California limits this deduction to 50% of your federal adjusted gross income, rather than adopting the federal limits.		
b. College Access Tax Credit adjustment If you deducted this credit on your federal Schedule A and claimed		

federal Schedule A and claimed this credit on your California return, enter the amount used to calculate the credit as an adjustment to your return.

- c. College contr. to certain criminal defendants _____
- d. AGI limitation applied to charitable _____
contributions categorized as potential fed std ded
- e. Other subtractions _____
- f. College Athletic Seating Rights _____
California does not follow federal rules
and continues to allow a deduction for
these rights.
- g. Charitable contributions categorized as potential _____
federal standard deduction
- h. Other additions _____
- i. Total 0 0

11 Gifts by cash or check | _____ | 0 | _____ 0

MINI-WORKSHEET for Gifts Other Than by Cash or Check

Subtract. | Additions

- a. Qualified Charitable Contributions _____
California limits this deduction to 50%
of your federal adjusted gross income,
rather than adopting the federal limits.
- b. College contr. to certain criminal defendants _____
- c. Other subtractions _____
- d. Other additions _____
- e. Total 0 0

12 Other than by cash or check | _____ | 0 | _____ 0

MINI-WORKSHEET for Carryover from Prior Year

Subtract. | Additions

- a. Carryover ded of appreciated stock contributed
to a private foundation prior to 1/1/02 _____
- b. Other carryover from a prior year _____
- c. Total 0 0

13 Carryover from prior year | _____ | 0 | _____ 0

14 Add lines 11 through 13 | _____ 0 | _____ 0 | _____ 0

Casualty and Theft Losses

15 Casualty or theft loss(es) | _____ 0 | _____ | _____

(other than net qual. disaster losses).

Attach federal Form 4684.

Other Itemized Deductions

MINI-WORKSHEET for Other Itemized Deductions

Subtract. | Additions

- a. Unreimbursed impairment-related work expenses _____
- b. California lottery losses _____
- c. Federal estate tax 0
- d. Claim of right _____
- e. Other _____
- f. Total 0 0

16 Other - from list in instructions | _____ 0 | _____ 0 | _____ 0

17 Add lines | _____ 0 | _____ 0 | _____ 0

4, 7, 10, 14, 15 and 16 columns A, B, and C

18 Total Adjustments 18 _____ 0

to Federal Itemized Deductions

Combine line 17 cols A-B+C.

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses **19** _____ 0
 - job travel, union dues, job education, etc.
 Attach federal Form 2106 if required. See instructions.

20 Tax preparation fees **20** _____ 0

MINI-WORKSHEET for Other Itemized Deductions	
a. Other expenses from federal return	_____ 0
b. Claim of right	_____ 0
Claim of right before limit	_____
2% of CA AGI	_____ 2,086
Claim after 2% CA AGI floor	_____ 0
c. Excess deduction on estate/trust termination	_____
d. Other	_____
e. Total	_____ 0

21 Other expenses. List type **21** _____ 0
 - investment, safe deposit box, etc.
 Description _____

22 Add lines 19 through 21 **22** _____ 0

23 Enter amount from your federal form _____ -79,005

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

25 Subtract line 24 from line 22 (if line 24 is more than line 22, enter zero) **25** _____ 0

26 Total Itemized Deductions **26** _____ 0

Add line 18 and line 25

MINI-WORKSHEET for Other Adjustments to Itemized Deductions	
a. Adoption-related expenses (enter as a negative)	_____
b. RESERVED	_____
c. Nontaxable income expenses	_____
d. Employee business expenses	_____
e. RESERVED	_____
f. RESERVED	_____
g. RESERVED	_____
h. RESERVED	_____
i. State Legislator's travel expenses (enter as a negative)	_____
j. RESERVED	_____
k. RESERVED	_____
l. RESERVED	_____
m. Interest on loans from utility companies	_____
n. RESERVED	_____
o. RESERVED	_____
p. RESERVED	_____
q. RESERVED	_____
r. RESERVED	_____
s. Add lines a - r. Carry the total to line 27	_____ 0

27 Other Adjustments. Specify: _____ **27** _____ 0

28 Combine line 26 and line 27 **28** _____ 0

MINI-WORKSHEET for Itemized Deductions	
Based on your income, your itemized deductions for California may be limited. This worksheet will be calculated if your federal AGI is:	
-more than \$203,341 if single or married filing separate;	
-more than \$305,016 if head of household; or	
-more than \$406,687 if married filing joint or qualifying widow(er).	
If you do not qualify, the amount on line 28 will be carried to line 29.	
a. Enter the amount from line 28 here	_____
b. Using CA amounts, add the amounts on federal Schedule A, line 4, line 9, and line 15, plus any gambling losses included on line 16	_____
c. Subtract line B from line a (not less than zero)	_____
NOTE: If the amount on line c is zero, stop here and carry the amount on line a to line 29 below.	
d. Multiply line c by 80%	_____
e. Enter the amount from Form 540NR, line 13	_____

- f. Enter the correct limit specified above based on your filing status _____
- g. Subtract line f from line e _____
NOTE: If the amount on line g is zero, stop here and carry the amount on line a to line 29 below.
- h. Multiply line g by 6% _____
- i. Enter the smaller of line d or line h _____
- j. Subtract line i from line a. Carry to line 29 below _____

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	\$203,341
Head of household	\$305,016
Married/RDP filing jointly or qualifying widow(er)	\$406,687

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** _____ 0

30 Enter the larger of the amount on line 29 or your standard deduction. See instructions **30** _____ 9,202

Single or married/RDP filing separately	\$4,601
Married/RDP filing jointly, HOH, or qualifying widow(er)	\$9,202

PART IV - California Taxable Income

1 California AGI. Enter your California AGI from ln 23, Col E	1 _____ <u>104,316</u>
2 Enter your deductions from line 30	2 _____ <u>9,202</u>
3 Deduction percentage	3 _____ <u>1.0000</u>
Divide line 23, column E by line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000	
4 California Itemized/Standard Deductions	4 _____ <u>9,202</u>
Multiply line 2 by the amount on line 3.	
5 California Taxable Income	5 _____ <u>95,114</u>
Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-.	