

TAXABLE YEAR

FORM

2019

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN/ITIN. Values include SEETHARAMAN PALANICHAMY and NALLAMMAL SEETHARAMAN.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description (California Adjusted Gross Income, Amount You Owe, Refund or No Amount Due) and Amount. Values include 56,134 and 2,103.

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, 2019, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN 5 8 8 6 0 as my signature on my 2019 e-filed California individual income tax return. I will enter my PIN as my signature on my 2019 e-filed California individual income tax return.

Your signature Date

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

- I authorize GLOBAL TAXES LLC to enter my PIN 2 5 1 4 3 as my signature on my 2019 e-filed California individual income tax return. I will enter my PIN as my signature on my 2019 e-filed California individual income tax return.

Spouse's/RDP'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 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2019 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 03/16/2020

# California Nonresident or Part-Year Resident Income Tax Return

2019

540NR

APE

ATTACH FEDERAL RETURN

869-45-8860 PALA 402-83-8349  
SEETHARAMAN PALANICHAMY  
NALLAMMAL SEETHARAMAN

19

430 GARTRELL WAY  
CARY NC 27519

04-10-1980 05-26-1979

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

Filing Status

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

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

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

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions.  7  X \$122 =  \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  8  X \$122 =  \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2  9  X \$122 =  \$

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="radio"/> DIVYA	<input type="radio"/> TANISHA	<input type="radio"/>
Last Name	<input type="radio"/> SEETHARAMAN	<input type="radio"/> SEETHARAMAN	<input type="radio"/>
SSN	<input type="radio"/> 860755888	<input type="radio"/> 804676059	<input type="radio"/>
Dependent's relationship to you	<input type="radio"/> DAUGHTER	<input type="radio"/> DAUGHTER	<input type="radio"/>

Total dependent exemptions  10  X \$378 =  \$

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="56134"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040 or 1040-SR, line 8b; 1040NR, line 35; or 1040NR-EZ, line 10 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="148737"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <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 ..... <b>15</b> <input type="text" value="148737"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value="2000"/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16 ..... <input checked="" type="radio"/> <b>17</b> <input type="text" value="150737"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="9074"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="141663"/> <input type="text" value=".00"/>

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

**31**

<b>CA Taxable Income</b>	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="56134"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="52755"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0530"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="2796"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.3724"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$200,534, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="372"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="2424"/> <input type="text" value=".00"/>
	<b>41</b> Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="2424"/> <input type="text" value=".00"/>	

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/>
<b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>	

Your name:  Your SSN or ITIN:

**Special Credits continued**

58 Enter credit name  code  and amount... ● 58  .00

59 Enter credit name  code  and amount... ● 59  .00

60 To claim more than two credits. See instructions... ● 60  .00

61 Nonrefundable renter's credit. See instructions... ● 61  .00

62 Add line 50 and line 55 through 61. These are your total credits... ● 62  .00

63 Subtract line 62 from line 42. If less than zero, enter -0-... ● 63  .00

**Other Taxes**

71 Alternative minimum tax. Attach Schedule P (540NR)... ● 71  .00

72 Mental Health Services Tax. See instructions... ● 72  .00

73 Other taxes and credit recapture. See instructions... ● 73  .00

74 Add line 63, line 71, line 72, and line 73. This is your total tax... ● 74  .00

**Payments**

81 California income tax withheld. See instructions... ● 81  .00

82 2019 CA estimated tax and other payments. See instructions... ● 82  .00

83 Withholding (Form 592-B and/or 593). See instructions... ● 83  .00

84 Excess SDI (or VPD) withheld. See instructions... ● 84  .00

85 Earned Income Tax Credit (EITC)... ● 85  .00

86 Young Child Tax Credit (YCTC). See instructions... ● 86  .00

87 Add lines 81 through 86. These are your total payments. See instructions... ● 87  .00

**Overpaid Tax/Tax Due**

101 Overpaid tax. If line 87 is more than line 74, subtract line 74 from line 87... ● 101  .00

102 Amount of line 101 you want applied to your 2020 estimated tax... ● 102  .00

103 Overpaid tax available this year. Subtract line 102 from line 101... ● 103  .00

104 Tax due. If line 87 is less than line 74, subtract line 87 from line 74... ● 104  .00

Your name:  Your SSN or ITIN:



Contributions		<u>Code</u>	<u>Amount</u>	
	California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Fund . . . . .	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/>	.00
	California Sea Otter Fund . . . . .	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	● 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/>	.00
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/>	.00
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund . . . . .	● 444	<input type="text"/>	.00
	<b>120</b> Add code 400 through code 444. This is your total contribution . . . . .	● 120	<input type="text"/>	.00

Your name: PALANICHAMY Your SSN or ITIN: 869-45-8860

121 AMOUNT YOU OWE. Add line 104 and line 120. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001. 2033 .00

122 Interest, late return penalties, and late payment penalties. 122 .00
123 Underpayment of estimated tax. Check the box: [X] FTB 5805 attached [ ] FTB 5805F attached 123 70 .00
124 Total amount due. See instructions. Enclose, but do not staple, any payment 124 2103 .00

125 REFUND OR NO AMOUNT DUE. Subtract line 120 from line 103. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001. 125 .00

Refund and Direct Deposit. Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:
Type: [ ] Checking [ ] Savings
Routing number: [ ] Account number: [ ] Direct deposit amount: [ ] .00

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:
Type: [ ] Checking [ ] Savings
Routing number: [ ] Account number: [ ] Direct deposit amount: [ ] .00

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/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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: 2106088658

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): APPANA RUPA VENKATA SATYA SAI MANIKUMAR

Firm's name (or yours, if self-employed): GLOBAL TAXES LLC PTIN: P02090332

Firm's address: 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN: 301017196

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

Print Third Party Designee's Name: [ ] Telephone Number: [ ]