

2018 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

678-66-6823 KASI 513-93-9523
VINEESHA KASIREDDY

18

134 ELM ST
SAN MATEO CA 94401

APT 210

06-01-1992

Filing Status section with checkboxes for Single, Head of household, Married/RDP filing jointly, Qualifying widow(er), and Married/RDP filing separately. Includes a name field with 'CHANDRA VENKATKI THIMMAREDDYGARI'.

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

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

Exemptions section lines 7-9: Personal, Blind, Senior. Includes calculation boxes for \$118 and radio button options.

Line 10: Dependents. Do not include yourself or your spouse/RDP. Includes fields for First Name, Last Name, SSN, and relationship to you for three dependents.

Total dependent exemptions 10 X \$367 = \$

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

Your name: K A S I R E D D Y

Your SSN or ITIN: 678-66-6823

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 88387.00

13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 81465.00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B. ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions. ● 15 81465.00

16 California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C. ● 16 5400.00

17 California adjusted gross income. Combine line 15 and line 16. ● 17 86865.00

18 Enter the larger of { Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. ● 18 4401.00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-. ● 19 82464.00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 ● 31 4926.00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions. ● 32 118.00

33 Subtract line 32 from line 31. If less than zero, enter -0-. ● 33 4808.00

34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A. ● 34 .00

35 Add line 33 and line 34. ● 35 4808.00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 .00

43 Enter credit name [] code ● [] and amount . . . ● 43 .00

44 Enter credit name [] code ● [] and amount . . . ● 44 .00

45 To claim more than two credits, see instructions. Attach Schedule P (540). ● 45 .00

46 Nonrefundable renter's credit. See instructions. ● 46 .00

47 Add line 40 through line 46. These are your total credits. ● 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0-. ● 48 4808.00

Other Taxes

61 Alternative minimum tax. Attach Schedule P (540). ● 61 .00

62 Mental Health Services Tax. See instructions. ● 62 .00

63 Other taxes and credit recapture. See instructions. ● 63 .00

64 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64 4808.00

Your name: K A S I R E D D Y

Your SSN or ITIN: 678-66-6823

Payments	71	California income tax withheld. See instructions	● 71	5462	.00
	72	2018 CA estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or 593). See instructions	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
	75	Earned Income Tax Credit (EITC)	● 75		.00
	76	Add lines 71 through 75. These are your total payments. See instructions	● 76	5462	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	0	.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.	

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	● 92	5462	.00
	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	● 93		.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	● 94	654	.00
	95	Amount of line 94 you want applied to your 2019 estimated tax	● 95		.00
	96	Overpaid tax available this year. Subtract line 95 from line 94	● 96	654	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	● 97		.00

Contributions	Code	Amount	
	400	California Seniors Special Fund. See instructions	
	401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	
	403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	



Your name: K A S I R E D D Y

Your SSN or ITIN: 678-66-6823

	Code	Amount
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
State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text"/> .00
Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text"/> .00
Revive the Salton Sea Fund	● 432	<input type="text"/> .00
California Domestic Violence Victims Fund	● 433	<input type="text"/> .00
Special Olympics Fund	● 434	<input type="text"/> .00
Type 1 Diabetes Research Fund	● 435	<input type="text"/> .00
California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text"/> .00
Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<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 Backlog Kit 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
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Contributions

Your name: K A S I R E D D Y

Your SSN or ITIN: 678-66-6823

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001 111 .00

Pay online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001 115 654 .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 115) is authorized for direct deposit into the account shown below:

Type: Checking Savings
Routing number: Account number: 116 Direct deposit amount: .00

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

Type: Checking Savings
Routing number: Account number: 117 Direct deposit amount: .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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):

Sign Here

Your email address. Enter only one email address.
 Preferred phone number: (5 1 0) 3 2 0 -1 3 3 9

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): GLOBAL TAXES LLC PTIN: P 0 2 0 9 0 3 3 2

Joint tax return? (See instructions)

Firm's address: 2530 PEBBLE CREEK LN CUMMING GA 30041 Firm's FEIN: 3 0 -1 0 1 7 1 9 6

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: ()

2018

Wage and Tax Statement

W-2

Important: Attach this form to the back of your original or amended Form 540, 540 2EZ, or Form 540NR (Long or Short).

Name(s) as shown on tax return

SSN or ITIN

VINEESHA KASIREDDY

6 7 8 6 6 6 8 2 3

Caution: If this form is filled out, do not send your Form(s) W-2 to the Franchise Tax Board. If your Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your Form(s) W-2 to the lower front of your tax return. All fields must be completed. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on the Form(s) W-2.

W-2 Information

1st W-2

2nd W-2

Form fields for W-2 information including: a. Employee's social security number*, b. Employer identification number (EIN), c. Employer's name, Address, City, State, Zip code, e. Employee's first name*, Middle initial*, Last name*, Suffix*, f. Employee address*, City*, State*, Zip code*, 1. Wages, tips, other compensation, 2. Federal income tax withheld, 3. Social security wages, 4. Social security tax withheld, 6. Medicare tax withheld.



W-2 Information		1 st W-2		2 nd W-2	
7. Social security tips	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
8. Allocated tips (not included in box 1)	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
10. Dependent care benefits	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
11. Nonqualified plans	<input checked="" type="radio"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>
12. Codes and amounts		Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/>	<input type="text" value="C"/>	<input type="text" value="59."/>	<input checked="" type="radio"/>	<input type="text"/>
12b.	<input checked="" type="radio"/>	<input type="text" value="D"/>	<input type="text" value="18,500."/>	<input checked="" type="radio"/>	<input type="text"/>
12c.	<input checked="" type="radio"/>	<input type="text" value="DD"/>	<input type="text" value="5,751."/>	<input checked="" type="radio"/>	<input type="text"/>
12d.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/>	<input type="text"/>
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input checked="" type="radio"/>	<input type="checkbox"/> Statutory employee	<input type="checkbox"/> Statutory employee
	<input checked="" type="radio"/>	<input checked="" type="checkbox"/> Retirement plan	<input checked="" type="radio"/>	<input type="checkbox"/> Retirement plan	<input type="checkbox"/> Retirement plan
	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input checked="" type="radio"/>	<input type="checkbox"/> Third-party sick pay	<input type="checkbox"/> Third-party sick pay
14. SDI, VPDI, or CA SDI (from box 14 or 19)		Type	Amount	Type	Amount
	<input checked="" type="radio"/>	<input type="text" value="CA SDI"/>	<input type="text" value="883."/>	<input checked="" type="radio"/>	<input type="text"/>
15. State and employer's state ID number		State	Employer's state ID number	State	Employer's state ID number
	<input checked="" type="radio"/>	<input type="text" value="CA"/>	<input type="text" value="26918706"/>	<input checked="" type="radio"/>	<input type="text"/>
16. State wages, tips, etc.	<input checked="" type="radio"/>	<input type="text"/>	<input type="text" value="88,387."/>	<input checked="" type="radio"/>	<input type="text"/>
17. State income tax	<input checked="" type="radio"/>	<input type="text"/>	<input type="text" value="5,462."/>	<input checked="" type="radio"/>	<input type="text"/>

REV 12/17/18 PRO



2018 California Adjustments – Residents

CA (540)

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

Names(s) as shown on tax return

SSN or ITIN

V I N E E S H A K A S I R E D D Y

6 7 8 - 6 6 - 6 8 2 3

Part I Income Adjustment Schedule

Section A – Income from federal Form 1040

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 1-5: Wages, salaries, tips, etc. (88,387); Taxable interest; Ordinary dividends; IRAs, pensions, and annuities; Social security benefits.

Section B – Additional Income from federal Schedule 1 (Form 1040)

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 10-22: Taxable refunds, credits, or offsets of state and local income taxes; Alimony received; Business income or (loss); Capital gain or (loss) (4,178); Other gains or (losses); Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-11,100); Farm income or (loss); Unemployment compensation; Other income (California lottery winnings, disaster loss deduction, federal NOL, NOL deduction from FTB 3805V, NOL from FTB 3805Z, 3806, 3807, or 3809, other); Total (81,465).

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

Table with 3 columns: Federal Amounts, Subtractions, Additions. Rows 23-37: Educator expenses; Certain business expenses of reservists, performing artists, and fee-basis government officials; Health savings account deduction; Moving expenses; Deductible part of self-employment tax; Self-employed SEP, SIMPLE, and qualified plans; Self-employed health insurance deduction; Penalty on early withdrawal of savings; Alimony paid; IRA deduction; Student loan interest deduction; Reserved; Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C; Total (81,465).

Part II Adjustments to Federal Itemized Deductions

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

A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
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Medical and Dental Expenses

1 Medical and dental expenses <input checked="" type="radio"/>	1			
2 Enter amount from federal Form 1040, line 7 <input checked="" type="radio"/> 81,465.	2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 6,110.	3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	<input checked="" type="radio"/> 6,345.	<input checked="" type="radio"/> 6,345.	
5b State and local real estate taxes <input checked="" type="radio"/>	5b			
5c State and local personal property taxes <input checked="" type="radio"/>	5c			
5d Add lines 5a through 5c <input checked="" type="radio"/> 6,345.	5d			
5e 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 <input checked="" type="radio"/> Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	<input checked="" type="radio"/> 5,000.	<input checked="" type="radio"/> 6,345.	<input checked="" type="radio"/> 1,345.
6 Other taxes. List type <input checked="" type="radio"/>	6			
7 Add lines 5e and 6 <input checked="" type="radio"/> 5,000.	7	<input checked="" type="radio"/> 5,000.	<input checked="" type="radio"/> 6,345.	<input checked="" type="radio"/> 1,345.

Interest You Paid

8a Home mortgage interest and points reported to you on Form 1098 <input checked="" type="radio"/>	8a			<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on Form 1098 <input checked="" type="radio"/>	8b			<input checked="" type="radio"/>
8c Points not reported to you on Form 1098 <input checked="" type="radio"/>	8c			<input checked="" type="radio"/>
8d Reserved <input checked="" type="radio"/>	8d			
8e Add lines 8a through 8c <input checked="" type="radio"/>	8e			<input checked="" type="radio"/>
9 Investment interest <input checked="" type="radio"/>	9		<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add lines 8e and 9 <input checked="" type="radio"/>	10		<input checked="" type="radio"/>	<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check <input checked="" type="radio"/>	11	<input checked="" type="radio"/>		<input checked="" type="radio"/>
12 Other than by cash or check <input checked="" type="radio"/>	12	<input checked="" type="radio"/>		<input checked="" type="radio"/>
13 Carryover from prior year <input checked="" type="radio"/>	13	<input checked="" type="radio"/>		<input checked="" type="radio"/>
14 Add lines 11 through 13 <input checked="" type="radio"/>	14	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions <input checked="" type="radio"/>	15	<input checked="" type="radio"/>		<input checked="" type="radio"/>
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Other Itemized Deductions

16 Other—from list in federal instructions <input checked="" type="radio"/>	16	<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 5,000.	17	<input checked="" type="radio"/> 5,000.	<input checked="" type="radio"/> 6,345.	<input checked="" type="radio"/> 1,345.
18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	18			<input type="text" value="0."/>

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees. 20

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

22 Add lines 19 through 21. 22

23 Enter amount from federal Form 1040, line 7 81,465.

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

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

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

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately	\$194,504
Head of household	\$291,760
Married/RDP filing jointly or qualifying widow(er)	\$389,013

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

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

30 Enter the larger of the amount on line 29 or your standard deduction listed below

Single or married/RDP filing separately. See instructions.	\$4,401
Married/RDP filing jointly, head of household, or qualifying widow(er)	\$8,802

Transfer the amount on line 30 to Form 540, line 18. 30



2018

California Capital Gain or Loss Adjustment

D (540)

Do not complete this schedule if all of your California gains (losses) are the same as your federal gains (losses).

Name(s) as shown on return

SSN or ITIN

V I N E E S H A K A S I R E D D Y

6 7 8 - 6 6 8 2 3

	(a) Description of property Example: 100 shares of "Z" Co.	(b) Sales price	(c) Cost or other basis	(d) Loss If (c) is more than (b), subtract (b) from (c)	(e) Gain If (b) is more than (c), subtract (c) from (b)
1					
a	<input checked="" type="radio"/> BOX A	<input checked="" type="radio"/> 5,707.	<input checked="" type="radio"/> 2,307.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 3,400.
b	<input checked="" type="radio"/> BOX A	<input checked="" type="radio"/> 4,194.	<input checked="" type="radio"/> 3,416.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 778.
c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
v	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2 Net gain or (loss) shown on California Schedule(s) K-1 (100S, 541, 565, and 568)..... 2

3 Capital gain distributions (federal Form 1099-DIV, box 2a) 3

4 Total 2018 gains from all sources. Add column (e) amounts of line 1, line 2, and line 3 4 4,178.

5 2018 loss. Add column (d) amounts of line 1 and line 2. 5 ()

6 California capital loss carryover from 2017, if any. See instructions. 6 ()

7 Total 2018 loss. Add line 5 and line 6 7 ()



- 8 Combine line 4 and line 7. If a loss, go to line 9. If a gain, go to line 10. 8 4,178.
- 9 If line 8 is a loss, enter the smaller of: (a) the loss on line 8.
(b) \$3,000 (\$1,500 if married/RDP filing separate). See instructions. 9 (_____)
- 10 Enter the gain or (loss) from federal Schedule 1 (Form 1040), line 13. 10 4,178.
- 11 Enter the California gain from line 8 or (loss) from line 9. 11 4,178.
- 12 a If line 10 is **more** than line 11, enter the difference here and on Schedule CA (540), Part I, line 13, column B. 12a _____
- b If line 10 is **less** than line 11, enter the difference here and on Schedule CA (540), Part I, line 13, column C. 12b 0.

DO NOT MAIL

2018

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return: V I N E E S H A K A S I R E D D Y SSN or ITIN: 6 7 8 6 6 6 8 2 3

Part I Identify the Activity as Passive or Nonpassive. (See instructions.)

- 1 This form is being completed for a passive activity.
 This form is being completed for a nonpassive activity.

Business or activity to which form FTB 3885A relates: H Y D E R A B A D

Part II Election to Expense Certain Tangible Property (IRC Section 179).

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Part III Depreciation	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3	CAR	03/15/2018	3,000.	SL	5.0	525.
	CAR	10/11/2018	3,000.	SL	5.0	75.

- 4 Add the amounts on line 3, column (f) 4 600.
- 5 California depreciation for assets placed in service prior to 2018 5 0.
- 6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 600.
- 7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 6,000.
- 8 a If line 6 is **more** than line 7, enter the difference here and see instructions 8a
- b If line 6 is **less** than line 7, enter the difference here and see instructions 8b 5,400.

Part IV Amortization	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9						

- 10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10
- 11 California amortization of costs that began before 2018 11
- 12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12
- 13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13
- 14 a If line 12 is **more** than line 13, enter the difference here and see instructions 14a
- b If line 12 is **less** than line 13, enter the difference here and see instructions 14b

Part I - Personal Information

Taxpayer:

Last Name KASIREDDY
First Name VINEESHA
Middle Initial Suffix
Social Security No. 678-66-6823
Date of Birth 06/01/1992 (mm/dd/yyyy)
or age as of 1-1-2019 26
Date of Death (mm/dd/yyyy)
Legally blind
Work Phone (510) 320-1339 Ext
Home phone (510) 320-1339

Spouse/RDP:

Last name (if different) . THIMMAREDDYGARI
First Name CHANDRA VENKATKI
Middle Initial Suffix
Social Security No. 513-93-9523
Date of Birth 01/12/1992 (mm/dd/yyyy)
or age as of 1-1-2019 26
Date of Death (mm/dd/yyyy)
Legally blind
Work Phone Ext

Check to print phone number on Form 540. . . . Home Taxpayer work Spouse/RDP work
Check to print email address on Form 540, 540NR or 540X Taxpayer Spouse

c/o Address
Street Address . . 134 ELM ST
Unit Description . . APT Unit Number 210 Private Mailbox (PMB) .
City SAN MATEO State CA ZIP Code 94401
Foreign province/county Foreign postal code
Foreign country . .

Military Filers:

APO FPO
For Military Extension:
Military indicator . . Taxpayer Spouse/RDP

Part II - Main Form

X Form 540: Resident Income Tax Return
Form 540NR: Nonresident or Part-Year Resident Income Tax Return
Enter the state of residence as of December 31, 2018 CA
X Resident entire year
Resident part of year
Date taxpayer established residence in state above
In which state (or foreign country) did taxpayer reside before this change?
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR)

Part III - Filing Status

Single
Married/RDP filing joint return
X Married/RDP filing separate return
Taxpayer did not live with spouse at any time during the year
Yes No
If filing electronically, is spouse a CA Nonresident?
If filing electronically, is spouse Active Duty Military?
Head of household (with qualifying person) Stop. See instructions.
If the 'qualifying person' is child but not dependent:
Child's name
Child's social security number
Qualifying widow(er)
Year spouse/RDP died . . 2016 2017
If the 'qualifying person' is your child but not your dependent:
Child's First name Last Name
Check the box if your California filing status is different from your federal filing status.

Part IV - Dependent Information

Table with 5 columns: First Name, I, Last Name, Social Security Number, Relationship. Contains 5 rows for dependent information.

Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- The taxpayer is married filing separately and the spouse itemized deductions
- Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2017 return under a different last name, enter the last name **only** from the 2017 return ▶ Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
 Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2017 or 2018 gross income is from farming or fishing
- Return will be filed and tax due will be paid by March 1, 2019

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
- A waiver is or will be in effect for the current year
- Force print all payment vouchers even if required to pay electronically

Schedule W-2:

- You do **not** want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Surviving Spouse Indicator Check this box instead of entering the Spouse/RDP name above
Executor type (if filing electronically)

Third Party Designee:

Yes No
 Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

- Claiming a disaster loss (see FTB Publication 1034)
- QuickZoom** to enter disaster explanation ▶

Outside of the USA:

- Taxpayer was living or traveling outside the United States on April 17, 2019

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

- File the California return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Description	Filename

Enter the date return was EFiled

Date return was accepted by the state

Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet ▶

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No
[] [X] Direct deposit your client's state tax refund?
[] [] Use electronic funds withdrawal for your client's state balance due (EF only)?

Bank Information (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional)
Account type Checking . [] Savings . []
Routing number
Account number

If your client is requesting direct deposit of refund (not applicable to Intuit Refund Card):

Total refund available
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking . [] Savings . []
Routing number
Account number
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

Enter the following information only if your client requests electronic funds withdrawal of balance due:

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No
[] [] Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – California Contributions

Table with 3 columns: Line number (1-28), Fund Name, and Input field. Funds include California Seniors Special Fund, Alzheimer's Disease and Related Dementia Fund, etc.

Part X – Preparer Information

Enter preparer Code from Firm/Preparer Info . . . 1

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

Part XI – Extension Status

Yes No
 Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?
 Extension filing date _____
 Extension acceptance date _____

Electronic funds withdrawal amount due with extension information (Electronic Filing Only)

Yes No *Note Payment is required for electronic filing
 Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

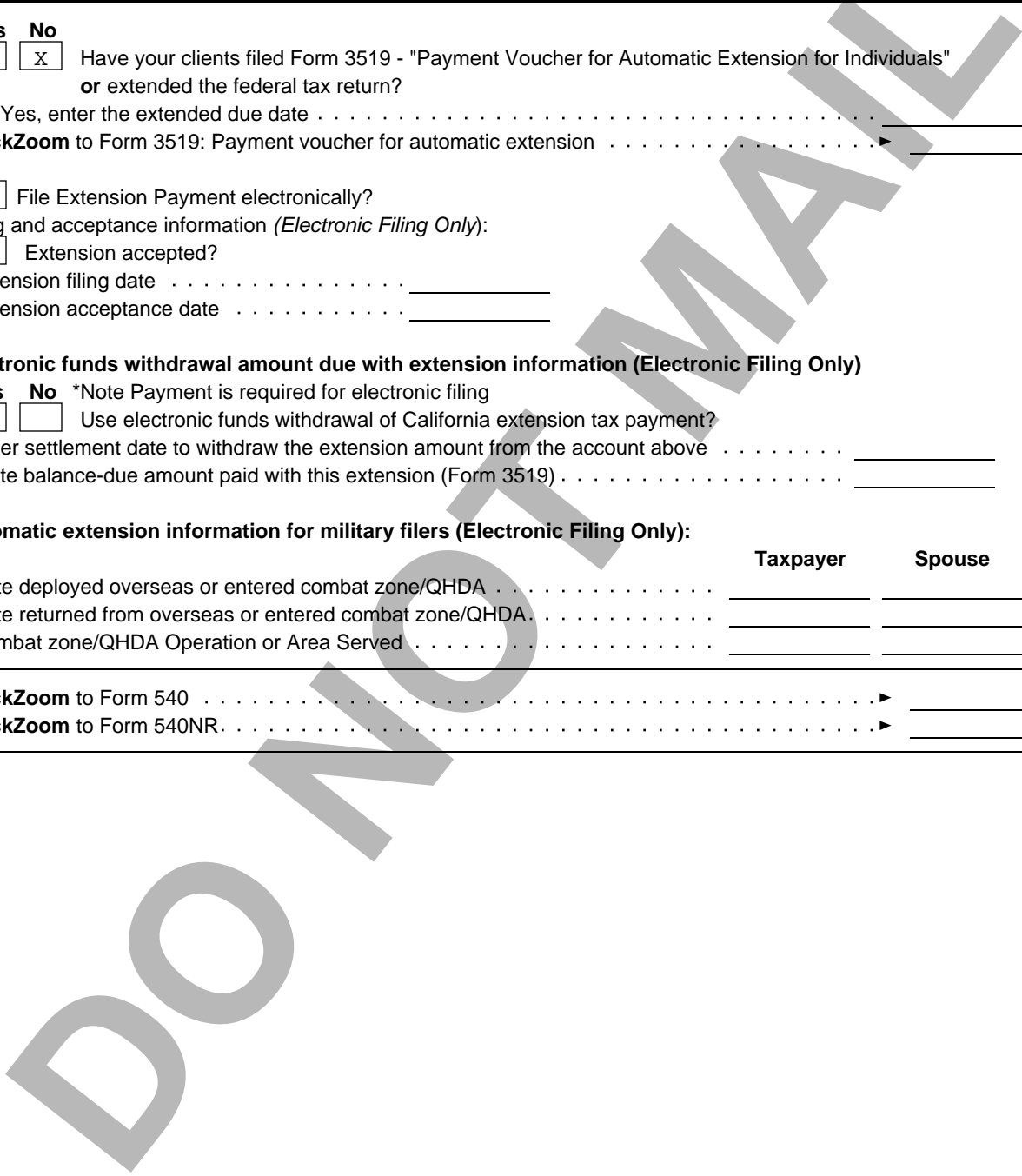
State balance-due amount paid with this extension (Form 3519) _____

Automatic extension information for military filers (Electronic Filing Only):

	Taxpayer	Spouse
Date deployed overseas or entered combat zone/QHDA	_____	_____
Date returned from overseas or entered combat zone/QHDA	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____



Tax Payments Worksheet

2018

▶ Keep for your records

Name VINEESHA KASIREDDY	Social Security Number 678-66-6823
----------------------------	---------------------------------------

Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment		
2	Second Payment		
3	Third Payment		
4	Fourth Payment		
Additional Payments			
5	Payment		
	Payment		
	Payment		
	Payment		
	Payment		
6	Overpayment from previous year applied to current year	6	
7	Amount paid with current year extension	7	
8	Total tax payments	8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	5,462.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	5,462.
15	Date return will be filed and balance paid	15	

California
Schedule E Worksheet

2018

► Keep for your records

Name(s) Shown on Return VINEESHA KASIREDDY	Social Security No. 678-66-6823
---	------------------------------------

1 Property description BUILDING
Property type. . . 4 Commercial If type is other, enter a description
Location (street address) HYDERABAD
City HYDERABAD State ZIP code
Foreign country . . . India

2 Days rented at fair rental value 365 Days of personal use 0

Check all that apply

- A Owned by spouse
- B Owned jointly
- C Active participation
- D Material participation
- E Other passive exceptions
- F Some investment is not at risk
- G Complete taxable disposition

Ownership Percentage

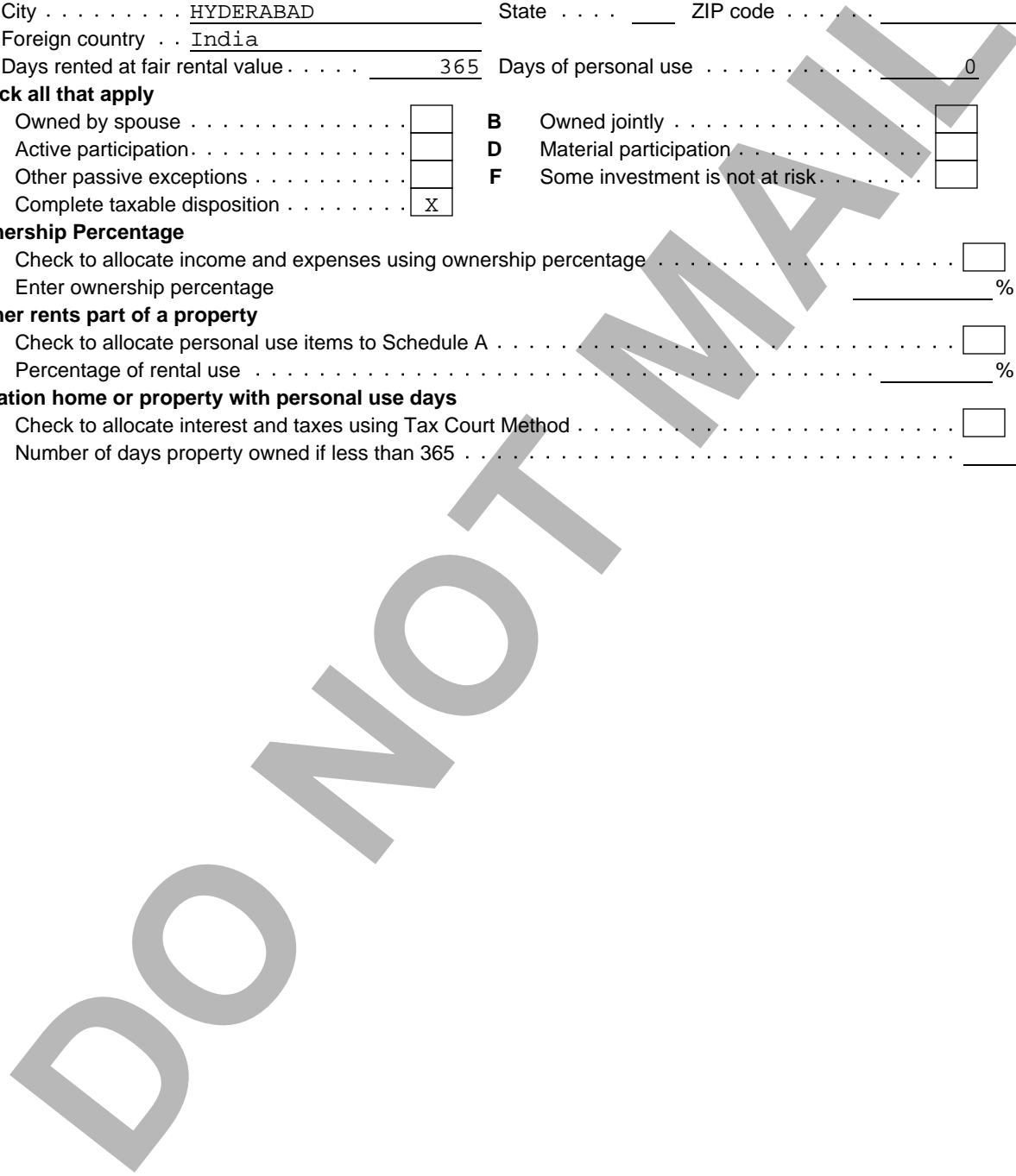
- H Check to allocate income and expenses using ownership percentage
- I Enter ownership percentage %

Owner rents part of a property

- J Check to allocate personal use items to Schedule A
- K Percentage of rental use %

Vacation home or property with personal use days

- L Check to allocate interest and taxes using Tax Court Method
- M Number of days property owned if less than 365



HYDERABAD, HYDERABAD, India

Income		% if Different	Total
3 Enter rental income (not reported elsewhere)	455.		
Rental income from Form 1099-MISC			
Rental income from Form 1099-K			
Rental Income from Cancellation of Debt Wks			
Total rents received	455.	100.000000	455.
4 Enter royalties received (not reported elsewhere)			
Royalty income from Form 1099-MISC			
Royalty income from Form 1099-K			
Royalty Income from Cancellation of Debt Wks			
Royalty Income from Schedule K-1			
Total royalties received			

Expenses	(a) Total	(b) Enter % if Not 100.00	(c) Reported on Schedule E	(d) Vacation Home Loss Limitation	(e) Allocated to Personal Use
5 Advertising					
6 a Auto					
b Travel					
7 Cleaning and maint					
8 Commissions					
9 a Mort insur qualified					
From Form 1098 wks					
Total mort insur qual					
b Other Insurance					
10 Legal and other professional fees					
11 Management fees					
12 a Mortgage int qualified					
From Form 1098 wks					
Total mort int qualified					
b Mort int other					
From Form 1098 wks					
Total mort int other					
13 Other interest	5,555.		5,555.		
14 Repairs					
15 Supplies					
16 a Real estate taxes					
From Form 1098 wks					
Total real estate taxes					
b Other taxes					
17 Utilities					
18 a Depreciation	600.		600.		
b Depletion					
c Depreciation carryover					
19 Other expenses					
a					
b					
c					
d					
e Indirect operating exp					
f Operating exp carryover					
g Vehicle rental					
h Amortization					
20 Add lines 5 through 19	6,155.		6,155.		
21 Income or (loss)			-5,700.		
22 Deductible rental real estate loss			-5,700.		

Depreciation and Amortization Report

Tax Year 2018
Keep for your records

VINEESHA KASIREDDY
Sch E - HYDERABAD

678-66-6823

Table with columns: Asset Description, *Code, Date In Service, Cost (Net of Land), Land, Bus Use %, Section 179, Special Depreciation Allowance, Depreciable Basis, Life, Method/Convention, Prior Depreciation, Current Depreciation. Rows include CAR, SUBTOTAL CURRENT YEAR, and TOTALS.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset, H = Home Office

Alternative Minimum Tax Depreciation Report

Tax Year 2018
Keep for your records

VINEESHA KASIREDDY
Sch E - HYDERABAD

678-66-6823

Table with columns: Asset Description, *Code, Date In Service, Cost (Net of Land), Land, Bus Use %, Section 179, Special Depreciation Allowance, Depreciable Basis, Life, Method/Convention, Prior Depreciation, Current Depreciation, Adjustments Preferences. Includes rows for CAR, SUBTOTAL CURRENT YEAR, and TOTALS.

* Code: S = Sold, A = Auto, L = Listed, V = Vine with SDA in Year Planted/Grafted, X = Non-depreciated asset H = Home Office

Smart Worksheets from your 2018 California Tax Return

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

Form 540 California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>5,462.</u>
B	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A _____ Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 71. Subtract line B from line A <u>5,462.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

General Information Smart Worksheet	
A	Federal depreciation from this activity <u>6,000.</u>
B	Federal amortization from this activity _____
C	Federal profit (loss) before passive loss limitation, if any <u>-11,100.</u>
D	If this activity is a passive activity, enter the current year net income or the current year net loss recorded on the federal Passive Activities Worksheet 1 or Passive Activities Worksheet 3, column A or column B, whichever is applicable _____
E	QuickZoom to another copy of Schedule E Worksheet →

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Federal/California Adjustment Smart Worksheet	
A	Net California profit or (loss) allowed <u>-5,700.</u>
B	Net federal profit or (loss) allowed <u>-11,100.</u>
C	Federal/CA adjustment. Line A less line B <u>5,400.</u>

SMART WORKSHEET FOR: Schedule E Worksheet (HYDERABAD)

Activity Summary Smart Worksheet
 Supporting information provided by program. NO ENTRIES ARE NEEDED.

A	Ownership	Taxpayer
B	At-risk status	All
C	Passive status	Disposition

	Regular Tax	Alternative Minimum Tax
Schedule E		
D Tentative profit (loss)	-5,700.	-5,700.
E Other adjustments and preferences		
F At-risk disallowed loss		
G Passive carryover loss		
H Passive disallowed loss		
I Net profit (loss) allowed	-5,700.	-5,700.
Related Disposition		
J Tentative profit (loss)		
K At-risk disallowed loss		
L Passive carryover loss		
M Passive disallowed loss		
N Net profit (loss) allowed		
AMT Exclusion		
O Schedule E income/loss	-5,700.	

