

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Table with 2 columns: Name (Your name, Spouse's/RDP's name) and SSN or ITIN. Values: SABARISH KONAPALA, 302-45-8107.

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Line number and Amount. Values: 1 California Adjusted Gross Income... 8,548.; 2 Amount You Owe...; 3 Refund or No Amount Due... 327.

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, 2018, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize GLOBAL TAXES LLC to enter my PIN 5 8 1 0 7 as my signature on my 2018 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date

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

[] I authorize to enter my PIN as my signature on my 2018 e-filed California individual income tax return. Do not enter all zeros

[] I will enter my PIN as my signature on my 2018 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 8 7 2 7 8 1 2 3 4 5 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2018 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2018 Handbook for Authorized e-file Providers.

ERO's signature Date

2018

Resident Income Tax Return

Long Form

540NR

APE

ATTACH FEDERAL RETURN

302-45-8107 KONA
SABARISH KONAPALA

18

801 ABINGDON WAY APT NE
ATLANTA GA 30328

10-01-1991

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

Filing Status

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

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

- 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 [1] X \$118 = \$ 118
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$118 = \$
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [] X \$118 = \$

Exemptions

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows: First Name, Last Name, SSN, Dependent's relationship to you.

Total dependent exemptions 10 [] X \$367 = \$

Your name: Your SSN or ITIN:

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

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="8548"/> <input type="text" value=".00"/>		
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10..... <input checked="" type="radio"/> 13 <input type="text" value="29548"/> <input type="text" value=".00"/>		
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/>		
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="29548"/> <input type="text" value=".00"/>		
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C..... <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/>		
	17 Adjusted gross income from all sources. Combine line 15 and line 16..... <input checked="" type="radio"/> 17 <input type="text" value="29548"/> <input type="text" value=".00"/>		
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions..... <input checked="" type="radio"/> 18 <input type="text" value="4401"/> <input type="text" value=".00"/>		
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="25147"/> <input type="text" value=".00"/>		

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input checked="" type="radio"/> <input type="text" value="FTB 3803"/> 31 <input type="text" value="513"/> <input type="text" value=".00"/>		
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="8548"/> <input type="text" value=".00"/>		
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="7275"/> <input type="text" value=".00"/>		
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value="0.0204"/>		
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="148"/> <input type="text" value=".00"/>		
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value="0.2893"/>		
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions <input checked="" type="radio"/> 39 <input type="text" value="34"/> <input type="text" value=".00"/>		
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="114"/> <input type="text" value=".00"/>		
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> 41 <input type="text" value=""/> <input type="text" value=".00"/>		
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="114"/> <input type="text" value=".00"/>			

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

Your name: Your SSN or ITIN:

Special Credits continued

58	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	58	<input type="text"/>	.00
59	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	59	<input type="text"/>	.00
60	To claim more than two credits. See instructions	<input type="radio"/>	60	<input type="text"/>	.00
61	Nonrefundable renter's credit. See instructions	<input type="radio"/>	61	<input type="text" value="45"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text" value="45"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="69"/>	.00

Other Taxes

71	Alternative minimum tax. Attach Schedule P (540NR)	<input type="radio"/>	71	<input type="text"/>	.00
72	Mental Health Services Tax. See instructions	<input type="radio"/>	72	<input type="text"/>	.00
73	Other taxes and credit recapture. See instructions	<input type="radio"/>	73	<input type="text"/>	.00
74	Add line 63, line 71, line 72, and line 73. This is your total tax	<input type="radio"/>	74	<input type="text" value="69"/>	.00

Payments

81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="396"/>	.00
82	2018 CA estimated tax and other payments. See instructions	<input type="radio"/>	82	<input type="text"/>	.00
83	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	83	<input type="text"/>	.00
84	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	84	<input type="text"/>	.00
85	Earned Income Tax Credit (EITC)	<input type="radio"/>	85	<input type="text"/>	.00
86	Add lines 81 through 85. These are your total payments. See instructions	<input checked="" type="radio"/>	86	<input type="text" value="396"/>	.00

Overpaid Tax/Tax Due

101	Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86	<input checked="" type="radio"/>	101	<input type="text" value="327"/>	.00
102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text" value="0"/>	.00
103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="327"/>	.00
104	Tax due. If line 86 is less than line 74, subtract line 86 from line 74	<input checked="" type="radio"/>	104	<input type="text"/>	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/>

Your name:

Your SSN or ITIN:



		Code	Amount
Contributions	California Breast Cancer Research Voluntary Tax Contribution Fund	● 405	<input type="text" value=""/> .00
	California Firefighters' Memorial Fund	● 406	<input type="text" value=""/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund	● 407	<input type="text" value=""/> .00
	California Peace Officer Memorial Foundation Fund	● 408	<input type="text" value=""/> .00
	California Sea Otter Fund	● 410	<input type="text" value=""/> .00
	California Cancer Research Voluntary Tax Contribution Fund	● 413	<input type="text" value=""/> .00
	School Supplies for Homeless Children Fund	● 422	<input type="text" value=""/> .00
	State Parks Protection Fund/Parks Pass Purchase	● 423	<input type="text" value=""/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● 424	<input type="text" value=""/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund	● 425	<input type="text" value=""/> .00
	State Children's Trust Fund for the Prevention of Child Abuse	● 430	<input type="text" value=""/> .00
	Prevention of Animal Homelessness and Cruelty Fund	● 431	<input type="text" value=""/> .00
	Revive the Salton Sea Fund	● 432	<input type="text" value=""/> .00
	California Domestic Violence Victims Fund	● 433	<input type="text" value=""/> .00
	Special Olympics Fund	● 434	<input type="text" value=""/> .00
	Type 1 Diabetes Research Fund	● 435	<input type="text" value=""/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	● 436	<input type="text" value=""/> .00
	Habitat for Humanity Voluntary Tax Contribution Fund	● 437	<input type="text" value=""/> .00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	● 438	<input type="text" value=""/> .00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	● 439	<input type="text" value=""/> .00
Rape Backlog Kit Voluntary Tax Contribution Fund	● 440	<input type="text" value=""/> .00	
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	● 441	<input type="text" value=""/> .00	
National Alliance on Mental Illness California Voluntary Tax Contribution Fund	● 442	<input type="text" value=""/> .00	
Schools Not Prisons Voluntary Tax Contribution Fund	● 443	<input type="text" value=""/> .00	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text" value=""/> .00	

Your name: Your SSN or ITIN:

Amount You Owe
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.** ● **121** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

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

Refund and Direct Deposit
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**

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**
● **Routing number** ● **Account number** ● **126** **Direct deposit amount** **.00**
 Checking **Savings**

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

● **Type**
● **Routing number** ● **Account number** ● **127** **Direct deposit amount** **.00**
 Checking **Savings**

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

Sign Here

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

Joint tax return? (See instructions)

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

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

Firm's address ● **Firm's FEIN**

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

Print Third Party Designee's Name Telephone Number

California Adjustments — 2018 Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return: S A B A R I S H, K O N A P A L A SSN or ITIN: 3 0 2 - 4 5 - 8 1 0 7

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2018.

During 2018:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> <u>GA</u>	<input type="radio"/> _____
b I was in the military and stationed in (enter two letter code)	<input type="radio"/> _____	<input type="radio"/> _____
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> ____/____/____	<input type="radio"/> ____/____/____
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) . . .	<input checked="" type="radio"/> <u>GA</u> <u>09/22/2018</u>	<input type="radio"/> ____/____/____
5 I was a CA nonresident the entire year (enter state of residence)	<input type="radio"/> _____	<input type="radio"/> _____
6 The number of days I spent in CA for any purpose was:	<input type="radio"/> <u>265</u>	<input type="radio"/> _____
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input type="radio"/> <u>N</u>	<input type="radio"/> _____
8 Before 2018: I was a CA resident for the period of	<input type="radio"/> ____/____/____ - ____/____/____	<input type="radio"/> ____/____/____ - ____/____/____

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input checked="" type="radio"/> 29,548.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 29,548.	<input checked="" type="radio"/> 8,548.
2 Taxable interest. (a) <input type="radio"/> 2(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Section B — Additional Income from federal Schedule 1 (Form 1040)					
10 Taxable refunds, credits, or offsets of state and local income taxes. 10	<input type="radio"/>	<input type="radio"/>			
11 Alimony received. See instructions. 11	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Business income or (loss) 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Capital gain or (loss). See instructions . . . 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Other gains or (losses) 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15a Reserved 15b					
16a Reserved 16b					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		a <input type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		b <input type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		c _____	c <input type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input type="radio"/>	d <input type="radio"/>	d _____	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		e <input type="radio"/>	e _____		
f Other (describe): <input type="radio"/>		f <input type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 29,548.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 29,548.	<input type="radio"/> 8,548.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. . . . 37	<input type="radio"/> 29,548.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 29,548.	<input type="radio"/> 8,548.

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
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

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"/> 29,548	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 2,216	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	1,479.	<input checked="" type="radio"/>	1,479.	
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"/> 1,479	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	1,479.	<input checked="" type="radio"/>	1,479.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/> 1,479	7		<input checked="" type="radio"/>	1,479.	<input checked="" type="radio"/> 0.

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			<input checked="" type="radio"/>
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"/>
----	---	----	--	----------------------------------	----------------------------------

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"/> 1,479	17		<input checked="" type="radio"/>	1,479.

18 Total Adjustments to Federal Itemized Deductions. Combine line 17 column A less column B plus column C 18 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 0. 21 0.

22 Add lines 19 through 21. 22 0.

23 Enter amount from federal Form 1040, line 7 29,548.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 591.

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

26 **Total Itemized Deductions.** Add line 18 and line 25. 26 0.

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 0.

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 \$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 (540NR), line 29 29 0.

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 30 4,401.

Part IV California Taxable Income

1 **California AGI.** Enter your California AGI from line 37, column E. 1 8,548.

2 Enter your deductions from line 30. 2 4,401.

3 **Deduction Percentage.** Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0- 3 0.2893

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4 1,273.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Long Form 540NR, line 35. If less than zero, enter -0- 5 7,275.

Nonrefundable Renter's Credit Qualification Record



e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to ftb.ca.gov to check your e-file options. You can claim the nonrefundable renter's credit using CalFile.

If you were a resident of California and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

<p>1. Were you a resident of California for the entire year in 2018? Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse/RDP may claim this credit if he or she was a resident during 2018, and is otherwise qualified. YES. Go to question 2. <input checked="" type="checkbox"/> NO. Stop. File the Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return. See "Order Forms and Publications."</p>
<p>2. Is your California adjusted gross income the amount on line 17: • \$41,641 or less if single or married/RDP filing separately; or • \$83,282 or less if married/RDP filing jointly, head of household, or qualifying widow(er)? YES. Go to question 3. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p>
<p>3. Did you pay rent, for at least half of 2018, on property (including a mobile home that you owned on rented land) in California, which was your principal residence? YES. Go to question 4. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p>
<p>4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2018? NO. Go to question 6. <input checked="" type="checkbox"/> YES. Go to question 5.</p>
<p>5. For more than half the year in 2018, did you live in the home of the person who can claim you as a dependent? NO. Go to question 6. YES. Stop here. You do not qualify for this credit.</p>
<p>6. Was the property you rented exempt from property tax in 2018? You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit. NO. Go to question 7. <input checked="" type="checkbox"/> YES. Stop here. You do not qualify for this credit.</p>
<p>7. Did you claim the homeowner's property tax exemption anytime during 2018? You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified. NO. Go to question 8. <input checked="" type="checkbox"/> YES. If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.</p>
<p>8. Were you single in 2018? YES. Go to question 11. <input checked="" type="checkbox"/> NO. Go to question 9.</p>
<p>9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2018? You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified. NO. Go to question 11. <input checked="" type="checkbox"/> YES. If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.</p>
<p>10. Did you and your spouse/RDP maintain separate residences for the entire year in 2018? YES. Go to question 11. NO. Stop here. You do not qualify for this credit.</p>
<p>11. If you are: • Single, enter \$60 on line 46. • Head of household or qualifying widow(er), enter \$120 on line 46. • Married/RDP filing separately: if you and your spouse/RDP lived in the same rental property and both qualify for this credit, one spouse/RDP may claim the full amount of the credit (\$120), or each spouse/RDP may claim half the amount (\$60 each). If you and your spouse/RDP lived apart for the entire year and you qualify for this credit, you may claim half the amount of the credit (\$60). Enter your credit amount on line 46. • Married/RDP filing jointly, enter \$120 on line 46. (Exception: If one spouse/RDP claimed the homeowner's tax exemption and you lived apart from your spouse/RDP for the entire year, enter \$60 on line 46.)</p>

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2018, which qualified you for this credit.

Street Address	City, State, and ZIP Code	Dates Rented in 2018 (From _____ to _____)
a _____		
b _____		
Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.		
Name	Street Address	City, State, ZIP Code, and Telephone Number
a _____		
b _____		

Keep for your records

Part I - Personal Information

Taxpayer:

Last Name: KONAPALA
First Name: SABARISH
Middle Initial:
Social Security No.: 302-45-8107
Date of Birth: 10/01/1991
Date of Death:
Legally blind:
Work Phone:
Home phone: (415)993-0672

Spouse/RDP:

Last name (if different):
First Name:
Middle Initial:
Social Security No.:
Date of Birth:
Date of Death:
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: 801 Abingdon Way
Unit Description: APT Unit Number: NE Private Mailbox (PMB):
City: ATLANTA State: GA ZIP Code: 30328
Foreign province/county: Foreign postal code:

Military Filers:

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

Part II - Main Form

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: GA
Resident entire year, Resident part of year
Date taxpayer established residence in state above: 09/22/2018
In which state (or foreign country) did taxpayer reside before this change?: CA
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR):

Part III - Filing Status

Single
Married/RDP filing joint return
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. Multiple empty 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.

Table with 2 columns: Description, Filename

Enter the date return was EFiled 02/12/2019

Date return was accepted by the state 02/12/2019

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**
 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) WELLS FARGO
 Account type Checking Savings
 Routing number 121042882
 Account number 3457931768

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

Total refund available 327.
 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

1	California Seniors Special Fund (Taxpayer)	1	_____
2	California Seniors Special Fund (Spouse/RDP)	2	_____
3	Alzheimer's Disease and Related Dementia Fund	3	_____
4	Rare and Endangered Species Preservation Program	4	_____
5	California Breast Cancer Research Fund	5	_____
6	California Firefighters' Memorial Fund	6	_____
7	Emergency Food For Families Fund	7	_____
8	California Peace Officer Memorial Foundation Fund	8	_____
9	California Sea Otter Fund	9	_____
10	California Cancer Research Fund	10	_____
11	School Supplies for Homeless Children Fund	11	_____
12	State Parks Protection Fund/Parks Pass Purchase	12	_____
13	Protect Our Coast and Oceans Fund	13	_____
14	Keep Arts in Schools Fund	14	_____
15	State Children's Trust Fund for the Prevention of Child Abuse	15	_____
16	Prevention of Animal Homelessness & Cruelty Fund	16	_____
17	Revive the Salton Sea Fund	17	_____
18	California Domestic Violence Victims Fund	18	_____
19	Special Olympics Fund	19	_____
20	Type 1 Diabetes Research Fund	20	_____
21	California YMCA Youth and Government Voluntary Tax Contribution Fund	21	_____
22	Habitat for Humanity Voluntary Tax Contribution Fund	22	_____
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	23	_____
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	24	_____
25	Rape Backlog Kit Voluntary Tax Contribution Fund	25	_____
26	Organ and Tissue Donor Registry Voluntary Tax Contribution	26	_____
27	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	27	_____
28	Schools Not Prisons Voluntary Tax Contribution Fund	28	_____

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 <u>SABARISH KONAPALA</u>	Social Security Number <u>302-45-8107</u>
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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	396.
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	396.
15	Date return will be filed and balance paid	15	

Credits Worksheet

2018

► Keep for your records

Name SABARISH KONAPALA	Social Security Number 302-45-8107
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Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
197	Child Adoption		
232	Child and Dependent Care Expenses Credit, FTB 3506		
235	College Access, FTB 3592		
173	Dependent Parent		
205	Disabled Access for Eligible Small Businesses, FTB 3548		
204	Donated Agricultural Products Transportation, FTB 3547		
203	Enhanced Oil Recovery, FTB 3546		
176	Enterprise Zone Hiring, FTB 3805Z		
170	Joint Custody Head of Household		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
172	Low-Income Housing, FTB 3521		
213	Natural Heritage Preservation, FTB 3503		
237	New California Motion Picture and Television Production, FTB 3541		
238	New Donated Fresh Fruits or Vegetables, FTB 3814		
234	New Employment, FTB 3554		
None	Nonrefundable Renter's Credit		45 .
187	Other State Tax, Schedule S		
188	Prior Year Alternative Minimum Tax, FTB 3510		
162	Prison Inmate Labor, FTB 3507		
183	Research, FTB 3523		
163	Senior Head of Household		
Repealed Credits with Carryover Provision – FTB 3540			
175	Agricultural Products		
223	Motion Picture and Television Production, FTB 3541		
196	Commercial Solar Electric System		
181	Commercial Solar Energy		
209	Community Development Financial Institutions Investment		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811		
194	Employee Ridesharing		
190	Employer Childcare Contribution		
189	Employer Childcare Program		
191	Employer Ridesharing (Large Employer)		
192	Employer Ridesharing (Small Employer)		
193	Employer Ridesharing (Public Transit Passes)		
182	Energy Conservation		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z		
218	Environmental Tax, FTB 3511		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
220	New Jobs		
185	Orphan Drug		
184	Political Contributions		
174	Recycling Equipment		
186	Residential Rental and Farm Sales		
206	Rice Straw		
171	Ridesharing		
200	Salmon and Steelhead Trout Habitat Restoration		
180	Solar Energy		
179	Solar Pump		
210	Targeted Tax Area Hiring, FTB 3809		
210	Targeted Tax Area Sales or Use Tax		
178	Water Conservation		
161	Young Infant		

California Electronic Filing Information Worksheet

2018

▶ Keep for your records

Name as Shown on Return <u>SABARISH KONAPALA</u>	Social Security Number <u>302-45-8107</u>
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Electronic Return Originator Information

The program calculates this information based on the preparer code entered on the federal information worksheet (or the ERO code entered on the federal electronic filing information worksheet if you are an intermediate service provider).

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>GLOBAL TAXES LLC</u>	Phone Number	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Employer Identification Number <u>30-1017196</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	<u>587278</u>	E-mail Address

Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>APPANA RUPA VENKATA SATYA SAI MANIKUMAR</u>	Employer Identification Number	
Address <u>2530 Pebble Creek Ln</u>	Phone Number	Fax Number
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	<u>587278</u>	E-mail Address

Electronic Filing Review Check

	Yes	No
1 If any of the questions below are checked yes, the return may not be filed electronically		
1 Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

**California FTB e-file
Tax Return Signature / Consent to Disclosure**

Name
SABARISH KONAPALA

SSN or FEIN
302-45-8107

A – Practitioner PIN Authorization

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN)
By checking this box you are electing to file Form 8453 for this return.

Please indicate how the taxpayer(s) PIN(s) are entered into the program.
Automatically generate a PIN equal to last 5 digits of client's SSN
Taxpayer(s) entered own PIN(s)
Preparer entered PIN(s) on behalf of taxpayer(s)

B – Signature of Electronic Return Originator

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, *2018 e-file Handbook for Authorized e-file Providers*.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN 12345

C – Signature of Taxpayer/Spouse/RDP

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2018 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for

the tax liability and all applicable interest and penalties.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.

Taxpayer's PIN: 58107 Date: 01/19/19
Spouse's/RDP's PIN: _____

D – Decedent Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain a copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit):

Date:

Smart Worksheets from your 2018 California Tax Return

SMART WORKSHEET FOR: Form 540NR: Nonresident or Part-Year Resident Income Tax Return

Form 540NR California Income Tax Withheld Smart Worksheet	
A	California income tax withheld from the Tax Payments Worksheet <u>396.</u>
B	Real estate and nonresident 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 or you will not get the state income tax deduction on your federal Schedule A.
C	California income tax withheld for line 81. Subtract line B from line A <u>396.</u>

SMART WORKSHEET FOR: Schedule CA (540NR): California Adjustments

Schedule CA(NR) Wages, Salaries, Tips, Etc Smart Worksheet	
A	Total wages from box 16 of the W-2 Worksheets included in the federal program where the state entered is 'CA' and statutory wage information is not entered <u>8,548.</u>

SMART WORKSHEET FOR: Renters Credit Qualification Worksheet

Line 11 Smart Worksheet	
A	If you are married/RDP filing separate and can claim the full amount of the renter's credit, check this box * <input type="checkbox"/>
B	If you are filing Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, enter the number of full months you resided in California in 2018 <u>9</u>
C	If married/RDP filing a joint return, one spouse/RDP is military personnel and not a legal resident of California and the other spouse/RDP is a California resident and did not live in military housing in 2018, check this box <input type="checkbox"/>

SMART WORKSHEET FOR: California Credits Worksheet

Credit Information Smart Worksheet

Review FTB instructions and check the corresponding box if you qualify for any of the following credits:

- A** Credit for Joint Custody Head of Household (**Code: 170**)
- B** Credit for Dependent Parent (**Code: 173**)
- C** Credit for Senior Head of Household (**Code: 163**)
- D** Credit for Adoption Costs (**Code: 197**):

Child's Name	Qualifying Costs for Each Child	Credit	Allowable Credit
Total			