Spouse's/RDP's PIN: check one box only I authorize	175		DO NOT	MAIL THIS FOR	M TO THE FTB
Your name Your SNN or TIN SASANK GUPTA CHEPURI 120-69-6143 Spouse'sROP's Same Spouse'sROP's Same Part I Tax Return Information (whole dollars only) 1 California Adjusted Gross Income, See instructions 1 Part I Tax Return Information (whole dollars only) 1 California Adjusted Gross Income, See instructions 2 Amount You Ove, See instructions 2 Species Proper Bearlain and Signature Authorization (Be surg you obtain and keep a copy of your return.) Under penalties of periusry. Lederar that I have samined a copy of my individual income tax return and accompter. Informer declare that the information and amounts shown in Part I taboue agree with ite taboue agree with admount on line 2 and/or the estimated tax payments frow in Part I taboue agree with the information and amounts shown on my return and anomatis the amount on the care sponding lines of my electronic income tax return. Itaglicable, Leaders that first deposit return admount on line 2 and/or the estimated tax payment fiber of individual, or anomabate form. Itaglicable, Headers and penalties a shown on my return and anomabate form. Itaglicable, Ideation and anomation to mis a signature on my Other agree with the offee copies and provide admount on line 2 and/or the estimated tax payment devide penalties of penalties of my electronic income tax return. They selected approximate of my ketchole point and in the properative of my ketchole in the individual income tax return. They selected approximate of my ketchole point is adived, anothade tap information fore indiduals, my signature on	TAXABLE YEAR				FORM
Spur name Your same Your Salve of TIN SASEAK GUPTA CHEPURI 120-89-6143 Spouse PROP's Salve of TIN Part I Tax Return Information (whole dollars only) 1 3 3 99-9. Part I California Adjusted Gross Income, See instructions 2 3 99. 99. Part I Tax Return Information (whole dollars only) 3 8.99. 99. 99. Part I Tax ager Declaration and Signature Authorization (Be sur you obtain and keep a copy of your return.) 3 99.9. Under penalies of perius/1 declare that I have samined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31.2018, and the best of my knowledge and beliet, if the correct and anounds shown in Part I tax equiparts with the information and anounds shown in Part Penalis of my dectronic return of administion in Part II tax equiparts with the information and anounds shown in Part Penalis as shown on my return or statistical penalis in the corresponding lines of my dectronic moments are return. If applicable, if authorize an electronic funds withdrawal or line around on the andor the statistic and anounds shown in Part II tax equiparts with the information and anounds shown in Part II tax equiparts with the applicable interest and penalise interest as a shown on my return is and anot tax return. If applicable interest as a shown on my return is and electronic funds withdrawal or lines the return dia applicable interest and penalise. I acknowledge and belietric preturn is a shown on my return is a dectronic funds	2018	California e-file Signature Autho	prization for Inc	lividuals	8879
SpouseWHDP's name SpouseWHDP's SBN or TTN Part 1 Tax Return Information (whole dollars only)	Your name	•		1	
Spouse WRDP* sume Spouse WRDP* sSN or TTN Part I Tax Return Information (whole dollars only) 1 California Adjusted Gross Income. See instructions 2 Spouse WRDP* SSN or TTN 3 Part II Taxper 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 rmy 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 belieft, it is true, correct, and complet. Turbrie doclare that thermostis how in Part I abova agee with the information and amounts Shown in Part I abova agee with the information and amounts Shown in Part I abova agee with the information and amounts Shown in Part I abova agee with the information and amounts Shown in Part I abova agee with the information and amount Shown in Part I abova agee with the information and amount Shown in Part Part Bave age with the information and amount Shown in Part Part Bave age with the information and amount Shown in Part Part I abova agee with the information in Zandor the assimate tax pares. With a direct deposite autorization stated on my return. If have filed a joint return, individual income tax return and information is there agained autorization stated on my return. If have filed a joint return with the information in applicable. The design of my claim affitte exervice provider, and/or than schematic bax based of the agains advolute and the applicable are stated to my return. Individual income tax return and it applicable and paratise indonvidual time. There add a advolute showned age antimers and paratise indonvidual income tax return. Indita state advolute and tax return. Inderstand th	SASANK GUE	PTA CHEPURI		120-89-61	43
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3 Refund or No Amount Due. See instructions	1 California Adju	sted Gross Income. See instructions		1	38,342.
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I authorize GLOBAL TAXES LLC to enter my PIN 9 6 1 4 3 Do not enter all zeros Do not enter all zeros as my signature on my 2018 e-filed California individual income tax return. 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 >	to my electronic retax identification n income tax return. and on form FTB 8 agrees with the dir agent to authorize return to the Franc provider, and/or ti does not receive fur read and consent t	eturn originator (ERO), transmitter, or intermediate service provider (ii umber) and the amounts shown in Part I above agree with the inform If applicable, I authorize an electronic funds withdrawal of the amour 8455, California e-file Payment Record for Individuals, or a comparable rect deposit authorization stated on my return. If I have filed a joint ref an electronic funds withdrawal or direct deposit. I authorize my ERO, chise Tax Board (FTB). If the processing of my return or refund is del ransmitter the reason(s) for the delay or the date when the refund w ull and timely payment of my tax liability, I remain liable for the tax liab to the Electronic Funds Withdrawal Consent included on the copy of m	ncluding my name, address, an ation and amounts shown on it on line 2 and/or the estimate e form. If applicable, I declare turn, this is an irrevocable app transmitter, or intermediate se ayed, I authorize the FTB to d vas sent. If I am filing a balance bility and all applicable interest by electronic income tax return	nd social security numb the corresponding lines ed tax payments as show that direct deposit refur ointment of the other sp ervice provider to transr lisclose to my ERO, into the due return, I understa and penalties. I acknow n. I have selected a pers	er or individual of my electronic vn on my return ad amount on line 3 bouse/RDP as an nit my complete ermediate service and that if the FTB vledge that I have
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3		Married	I/RDP filing	separate	ly. Enter s	pouse's/R					ove an	d full i	name	here							
6	If som	neone ca	n claim you	(or your	spouse/F	(DP) as a d	lepenc	dent	, chec	k the	box h	ere. S	ee inst	t		• 6					
	For lin	e 7, line	8, line 9, and	l line 10:	Multiply t	he amount	you e	enter	r in the	e box	by the	pre-p	rinted	dolla	r amoi	unt for	that li	ne.	Whol	e dolla	rs onl
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You	r nam	ne: C_H_E_P_U_R_I_ Your SSN or ITIN: 120-89-6143	
	12	State wages from your Form(s) W-2, box 16 • 12 40842	
	13	Enter federal adjusted gross income from Form 1040, line 7	38342_00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14	
me	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	38342.00
Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C • 16	- 00
able	17	California adjusted gross income. Combine line 15 and line 16 • 17	38342_00
Тах	18	Enter the arried/RDP filing separately	4401.00
	19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0	33941_00
	31	Tax. Check the box if from: X Tax Table Tax Rate Schedule	
	51	FTB 3800 FTB 3803 • 31	904_00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504,	110
Тах		see instructions	118.00
	33	Subtract line 32 from line 31. If less than zero, enter -0	786_00
	34	Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • 34	
	35	Add line 33 and line 34	786_00
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	
S	43	Enter credit name code • and amount • 43	- 00
redit	44	Enter credit name code • and amount • 44	- 00
Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	- 00
Spec	46	Nonrefundable renter's credit. See instructions	_ 00
	47	Add line 40 through line 46. These are your total credits	
	48	Subtract line 47 from line 35. If less than zero, enter -0	786_00
	61	Alternative minimum tev. Attach Schedule D (540)	• 00
axes	61 62	Alternative minimum tax. Attach Schedule P (540)	00
Other Taxes	62 63	Mental Health Services Tax. See instructions. 62 Other taxes and credit recapture. See instructions. 63	00
Ō	63 64	Add line 48, line 61, line 62, and line 63. This is your total tax	786_00
	64		

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You	r nan	ne: C_H_E_P_U_R_I_ Your SSN or ITIN: 120-89-6143	
	71	California income tax withheld. See instructions	1685_00
	72	2018 CA estimated tax and other payments. See instructions	. 00
lents	73	Withholding (Form 592-B and/or 593). See instructions	00
Payments	74	Excess SDI (or VPDI) withheld. See instructions	00
	75	Earned Income Tax Credit (EITC) • 75	
	76	Add lines 71 through 75. These are your total payments. See instructions	1685_00
Use Tax	91	Use Tax. Do not leave blank. See instructions	
je	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	1685_00
Overpaid Tax/Tax Due	93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91	
Tax/T	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92	899_00
oaid 7	95	Amount of line 94 you want applied to your 2019 estimated tax	0_00
Over	96	Overpaid tax available this year. Subtract line 95 from line 94	899_00
_	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	
Contributions		California Seniors Special Fund. See instructions	Amount
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	

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Contributions

CHEPURI

Your SSN or ITIN: 120-89-6143



Side 4 Form 540 2018

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Your	name: C_H	E,P,U,R,I,		Your SSN or ITIN	: 120-89	-6143		
Amount You Owe	Mail to:	YOU OWE. If you FRANCHISE TAX PO BOX 942867		mount on line 96, add line 93,	line 97, and lir	ne 110. See inst	ructions. Do not send cash.	
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S	Have you verifi	ed the routing an	id account numbers of the second s	your refund into one or two acc ers? Use whole dollars only. 5) is authorized for direct depo			neck or a deposit slip. See instructio ow:	ons.
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and s accon	earch for 1131.	To request this noti	ce by mail, call 80	nformation, and the consequence 0.852.5711. Under penalties of of my knowledge and belief, it is Date	perjury, I declar s true, correct, a	e that I have exa and complete.	ed information, go to ftb.ca.gov/for mined this tax return, including (if a joint tax return, both must sign)	ns
Sig	gn	Your email add	dress. Enter only on	e email address.			Preferred phone number	
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spous signa	se's/RDP's iture.		ours, if self-employe	ed)			PTIN	
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			1	75 3105184			Form 540 2018 Side 5	

California Information Worksheet Keep for your records

2018

Part I — Personal Information	
Taxpayer: CHEPURI Last Name CHEPURI First Name SASANK GUPTA Middle Initial Suffix Social Security No. 120-89-6143 Date of Birth 05/26/1994 (mm/dd/yyyy) or age as of 1-1-2019	Spouse/RDP: Last name (if different) First Name Middle Initial Social Security No. Date of Birth Or age as of 1-1-2019 Date of Death Used of Death Legally blind Work Phone
Check to print phone number on Form 540 Check to print email address on Form 540, 540NR or 54	Home X Taxpayer work Spouse/RDP work 0X Taxpayer Spouse
c/o Address Street Address	Number Private Mailbox (PMB) Private Mailbox (PMB) Private Mailbox (
Military Filers: APO FPO For Military Extension: Military indicator ► Taxpayer	Spouse/RDP
Part II — Main Form	
In which state (or foreign country) did taxpayer re	it Income Tax Return
Part III — Filing Status	
X Single Married/RDP filing joint return Married/RDP filing separate return Taxpayer did not live with spouse at any t Yes No If filing electronically, is spouse a CA If filing electronically, is spouse Activ Head of household (with qualifying person) Stop If the 'qualifying person' is child but not depende Child's name	Nonresident? e Duty Military? . See instructions. nt:
Child's social security number Qualifying widow(er) Year spouse/RDP died 2016 If the 'qualifying person' is your child but not you	2017 r dependent: st Name
Part IV – Dependent Information	

First Name	I	Last Name	Social Security Number	Relationship
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SASANK GUPTA CHEPURI	120-89-6143	Page
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 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 dependen	t
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 fish Return will be filed and tax due will be paid by March 1, 2019	ing	
Mandatory Electronic PaymentsClient is required to make California tax payments electronicallyA waiver is or will be in effect for the current yearForce 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 Executor/Guardian Surviving Spouse Indicator Check this box instead of entering the Sp Executor type (if filing electronically) Surviving Spouse Indicator Surviving Spouse Indicator	Last Name	Su ove
Third Party Designee: Yes No Do you want to allow another person to discuss this return with the Franch If yes, enter the person's name Telepho First Middle init Last Name	one	ffix
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		-
X 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

Description	liename	
Enter the date return was EFiled		/16/2019
Date return was accepted by the state		
Enter the date Form 3582 was given to client		
QuickZoom to Form 8453 Additional Information Smart V	Worksheet	

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Bank Information (If you selected direct deposit or electronic funds withdrawal):	
Name of Financial Institution (optional) BANK OF AMERICA Account type Checking Routing number 011900254 Account number 385021307070	
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. Amount to be deposited in second account. Name of Financial Institution (optional) Account type. Account 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 du	
Enter the payment date to withdraw from the account above	
International ACH Transactions Yes No X 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 Sea Otter Fund 7 9 California Sea Otter Fund 10 11 School Supplies for Homeless Children Fund 10 12 State Parks Protection Fund/Parks Pass Purchase. 12 13 Protect Our Coast and Oceans Fund 13 14 Keep Arts in Schools Fund 13 15 State Children's Trust Fund for the Prevention of Child Abuse 15 16 Prevention of Animal Homelessness & Cruelty Fund 16 17 California Domestic Violence Victims Fund 18 19 Special Olympics Fund 19 20 California VMCA Youth and Government Voluntary Tax Contribution Fund 21 21 California S	

Part X – Preparer Information

Enter preparer Code from Firm/Preparer Info $\dots 1$

If not signing as preparer, have following printed instead of firm information: "Self-Prepared" "Non-Paid Preparer"		
Part XI – Extension Status		
Yes No X Have your clients filed Form 3519 - "Payment Voucher for Automatic E or extended the federal tax return? If Yes, enter the extended due date		
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 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)	······ <u> </u>	
Automatic extension information for military filers (Electronic Filing Only):		_
Date deployed overseas or entered combat zone/QHDA		
QuickZoom to Form 540		►

Tax Payments Worksheet ► Keep for your records

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20	1	ð	

Social Security Number Name SASANK GUPTA CHEPURI 120-89-6143

Tax Payments for the Current Year

				State
		Date	e	Payment
1 2 3 4	First Payment Second Payment Third Payment Fourth Payment			
5	Additional Payments Payment			
6 7 8	Overpayment from previous year applied to current year		6 7 8	

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,685.
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	
с	State withholding on Forms 1099-K	С	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,685.
15	Date return will be filed and balance paid		

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California Electronic Filing Information Worksheet

Keep for your records

Name as Shown on Return	Social Security Number
SASANK GUPTA CHEPURI	120-89-6143

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		Social Security Nur	nber/Preparer Tax ID Number	
GLOBAL TAXES LLC			P02090332	
Name			Phone Number	Fax Number
GLOBAL TAXES LLC				
Address			Employer Identificatio	n Number
2530 Pebble Creek Ln			30-1017196	
City	State	Zip Code	EFIN	
Cumming	GA	30041	587278	
Country			E-mail Address	

Paid Preparer Information

Firm Name			Social Security Numb	er/Preparer Tax ID Number
GLOBAL TAXES LLC			P02090332	
Name			Employer Identification I	Number
APPANA RUPA VENKATA SATYA	A SAI M	ANIKUMAR		
Address			Phone Number	Fax Number
2530 Pebble Creek Ln				
City	State Z	Zip Code		
Cumming	GA	30041		
Country			E-mail Address	

Electronic Filing Review Check

If any 1 2 3 4 5	of the questions below are checked yes, the return may not be filed electronically Are there more than fifty W-2s, or twenty 1099-Rs?			No X X X X X
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT			Δ
•	1099DIV, 1099MISC, 592-B, and 593?	•		X
7	Are any invalid entries made on Form 3805V page 3, part III? (See help)			Х
8	Are there more than 97 detail lines on forms to be filed? (See help)	•		Х
9	Is this a fiscal year filer?	•		Х
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is			v
11	claimed as a qualifying person?			X
••	married filing separate?	•		X
12	Is Federal Form 4852 (substitute W2) being used?			Х
13	Check that you have the correct selections for the RDP return?	•		Х
14	On the 3506, are there any foreign care providers?	•		Х
15	Is Direct Debit selected and no balance due on the return?			

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

Name	SSN or FEIN
SASANK GUPTA CHEPURI	120-89-6143
A – Practitioner PIN Authorization	

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

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, 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
			,		50/2/0		12313

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 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:96143Date:02/06/19Spouse'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 of 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)	
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Date:

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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
Α	California income tax withheld from the Tax Payments Worksheet
В	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.
С	California income tax withheld for line 71. Subtract line B from line A 1,685.