

2018

Resident Income Tax Return

Long Form

540NR

APE

DO NOT ATTACH FEDERAL RETURN

513-93-9523 THIM 678-66-6823
CHANDRAVENK THIMMAREDDYGARI

18

134 ELM ST
SAN MATEO CA 94401

APT 210

01-12-1992

Filing Status section with checkboxes for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

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

Exemptions section 7-9: Personal, Blind, Senior. Includes calculations for \$118 exemptions.

Exemptions section 10: Dependents. Includes fields for First Name, Last Name, SSN, and relationship for three dependents.

Total dependent exemptions calculation: Total dependent exemptions X \$367 = \$

Your name: THIMMAREDDYGARI Your SSN or ITIN: 513-93-9523

11 Exemption amount: Add line 7 through line 10 11 \$ 118

Total Taxable Income

12 Total California wages from your Form(s) W-2, box 16 12 93072 .00

13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 13 107748 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), 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 107748 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C 16 .00

17 Adjusted gross income from all sources. Combine line 15 and line 16 17 107748 .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 18 4401 .00

19 Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- 19 103347 .00

CA Taxable Income

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

FTB 3800 FTB 3803 31 6865 .00

32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1 32 93072 .00

35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5 35 89270 .00

36 CA Tax Rate. Divide line 31 by line 19 36 0.0664

37 CA Tax Before Exemption Credits. Multiply line 35 by line 36 37 5928 .00

38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 38 0.8638

39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions 39 102 .00

40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- 40 5826 .00

41 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 41 .00

42 Add line 40 and line 41 42 5826 .00

Special Credits

50 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506 50 .00

51 Credit for joint custody head of household. See instructions 51 .00

52 Credit for dependent parent. See instructions 52 .00

53 Credit for senior head of household. See instructions 53 .00

54 Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions 54 .00

55 Credit amount. See instructions 55 .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"/>	.00
62	Add line 50 and line 55 through 61. These are your total credits	<input checked="" type="radio"/>	62	<input type="text"/>	.00
63	Subtract line 62 from line 42. If less than zero, enter -0-	<input checked="" type="radio"/>	63	<input type="text" value="5826"/>	.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="5826"/>	.00

Payments

81	California income tax withheld. See instructions	<input type="radio"/>	81	<input type="text" value="6807"/>	.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="6807"/>	.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="981"/>	.00
102	Amount of line 101 you want applied to your 2019 estimated tax	<input type="radio"/>	102	<input type="text"/>	.00
103	Overpaid tax available this year. Subtract line 102 from line 101	<input type="radio"/>	103	<input type="text" value="981"/>	.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	400	<input type="text"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	<input type="text"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	<input type="text"/>

Your name: THIMMAREDDYGARI

Your SSN or ITIN: 513-93-9523



		Code	Amount
Contributions	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	
120 Add code 400 through code 443. This is your total contribution	● 120	<input type="text"/> .00	

Your name: THIMMAREDDYGARI Your SSN or ITIN: 513-93-9523

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. 125 981 .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 [] Checking [] Savings [] Account number [] 126 Direct deposit amount .00

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

Type [] Checking [] Savings [] Account number [] 127 Direct deposit amount .00

IMPORTANT: Attach a copy of your complete federal return. To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711.

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

Your signature [] Date [] Spouse's/RDP's signature (if a joint tax return, both must sign) []

[] Your email address. Enter only one email address. [] Preferred phone number []

Sign Here

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 P02090332

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

Joint tax return? (See instructions)

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

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

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

CHANDRA VENKATKI THIMMAREDDYGARI

5 1 3 9 3 9 5 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	1 st W-2	2 nd W-2
a. Employee's social security number*	<input type="radio"/> 513-93-9523	<input type="radio"/> 513-93-9523
b. Employer identification number (EIN)	<input type="radio"/> 65-0475467	<input type="radio"/> 13-3924155
c. Employer's name	<input type="radio"/> TRINET HR III-A INC	<input type="radio"/> COGNIZANT TECHNOLOGY SOLUTIONS US CORPORAT
Address	<input type="radio"/> 1 PARK PLACE SUITE 600	<input type="radio"/> 211 QUALITY CIR STE 150
City	<input type="radio"/> DUBLIN	<input type="radio"/> COLLEGE STATION
State	<input type="radio"/> CA	<input type="radio"/> TX
Zip code	<input type="radio"/> 94568	<input type="radio"/> 77845
e. Employee's first name*	<input type="radio"/> CHANDRA VENKATKI	<input type="radio"/> CHANDRA VENKATKI
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input type="radio"/> THIMMAREDDYGARI	<input type="radio"/> THIMMAREDDYGARI
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input type="radio"/> 134 ELM ST , APT. 210	<input type="radio"/> 134 ELM ST , APT. 210
City*	<input type="radio"/> SAN MATEO	<input type="radio"/> SAN MATEO
State*	<input type="radio"/> CA	<input type="radio"/> CA
Zip code*	<input type="radio"/> 94401	<input type="radio"/> 94401
1. Wages, tips, other compensation	<input type="radio"/> 91,619.	<input type="radio"/> 16,129.
2. Federal income tax withheld	<input type="radio"/> 16,851.	<input type="radio"/> 1,789.
3. Social security wages	<input type="radio"/>	<input type="radio"/>
4. Social security tax withheld	<input type="radio"/>	<input type="radio"/>
6. Medicare tax withheld	<input type="radio"/>	<input type="radio"/>



W-2 Information

1st W-2

2nd W-2

7. Social security tips [] []

8. Allocated tips (not included in box 1) [] []

10. Dependent care benefits [] []

11. Nonqualified plans [] []

12. Codes and amounts

	Codes	Amounts	Codes	Amounts
12a.	<input checked="" type="radio"/> D	<input checked="" type="radio"/> 5,868.	<input checked="" type="radio"/> C	<input checked="" type="radio"/> 3.
12b.	<input checked="" type="radio"/> DD	<input checked="" type="radio"/> 4,527.	<input checked="" type="radio"/> D	<input checked="" type="radio"/> 1,575.
12c.	<input checked="" type="radio"/> []	<input checked="" type="radio"/> []	<input checked="" type="radio"/> DD	<input checked="" type="radio"/> 790.
12d.	<input checked="" type="radio"/> []	<input checked="" type="radio"/> []	<input checked="" type="radio"/> []	<input checked="" type="radio"/> []

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

<input checked="" type="radio"/> [] Statutory employee	<input checked="" type="radio"/> [] Statutory employee
<input checked="" type="radio"/> [X] Retirement plan	<input checked="" type="radio"/> [X] Retirement plan
<input checked="" type="radio"/> [] Third-party sick pay	<input checked="" type="radio"/> [] Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type	Amount	Type	Amount
<input checked="" type="radio"/> []	<input checked="" type="radio"/> []	<input checked="" type="radio"/> CA SDI	<input checked="" type="radio"/> 0.

15. State and employer's state ID number

State	Employer's state ID number	State	Employer's state ID number
<input checked="" type="radio"/> CA	<input checked="" type="radio"/> 308-0208-6	<input checked="" type="radio"/> CA	<input checked="" type="radio"/> 433-6247 4

16. State wages, tips, etc. [] 91,619. [] 1,453.

17. State income tax [] 6,788. [] 19.

REV 12/17/18 PRO

DO NOT

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: C H A N D R A V E N K A T K I T H I M M A R E D D Y G A R I SSN or ITIN: 5 1 3 - 9 3 - 9 5 2 3

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

	Yoursself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input checked="" type="radio"/> TX	<input checked="" type="radio"/> TX
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 checked="" type="radio"/> TX 0 3 / 2 8 / 2 0 1 8	<input type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move)	<input type="radio"/> / /	<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 checked="" type="radio"/> 2 7 9	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	<input checked="" type="radio"/> N	<input type="radio"/> N
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"/> 107,748.	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 107,748.	<input checked="" type="radio"/> 93,072.
2 Taxable interest. (a) <input type="radio"/> 2(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3 Ordinary dividends. See instructions. (a) <input type="radio"/> 3(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4 IRAs, pensions, and annuities. See instructions. (a) <input type="radio"/> 4(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5 Social security benefits. (a) <input type="radio"/> 5(b) <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
19 Unemployment compensation 19	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		<input checked="" type="radio"/>	a _____		
b Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	b _____		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="radio"/>	c <input checked="" type="radio"/>		
d NOL deduction from FTB 3805V. 21	<input checked="" type="radio"/>	<input checked="" type="radio"/>	d _____ 21 <input checked="" type="radio"/>		21 <input checked="" type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	e _____		
f Other (describe): <input checked="" type="radio"/>		<input checked="" type="radio"/>	f _____		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input checked="" type="radio"/> 107,748.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 107,748.	<input checked="" type="radio"/> 93,072.

	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 checked="" type="radio"/>	<input checked="" type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Health savings account deduction 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Deductible part of self-employment tax 27	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
29 Self-employed health insurance deduction 29	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
30 Penalty on early withdrawal of savings 30	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ . 31a	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
32 IRA deduction 32	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
33 Student loan interest deduction 33	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions. 37	<input checked="" type="radio"/> 107,748.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 107,748.	<input checked="" type="radio"/> 93,072.

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"/> 107,748	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 8,081	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"/> 7,782	5a			
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"/> 7,782	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"/> 5,000	5e			
	Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/> 2,782				
6	Other taxes. List type <input checked="" type="radio"/>	6			
7	Add lines 5e and 6 <input checked="" type="radio"/> 5,000	7			

Interest You Paid

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

Gifts to Charity

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

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			
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Other Itemized Deductions

16	Other—from list in federal instructions <input checked="" type="radio"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 5,000	17			

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 7 107,748.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. 24 2,155.

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 93,072.

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 0.8638

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3. 4 3,802.

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 89,270.

► Keep for your records

Part I – Personal Information

Taxpayer:

Last Name 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 (469) 623-4403 Ext _____
 Home phone (510) 320-1339

Spouse/RDP:

Last name (if different) . 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 _____ 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

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
 Resident entire year
 Resident part of year
 Date taxpayer established residence in state above 03/28/2018
 In which state (or foreign country) did taxpayer reside before this change? TX
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

First Name	I	Last Name	Social Security Number	Relationship

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 _____

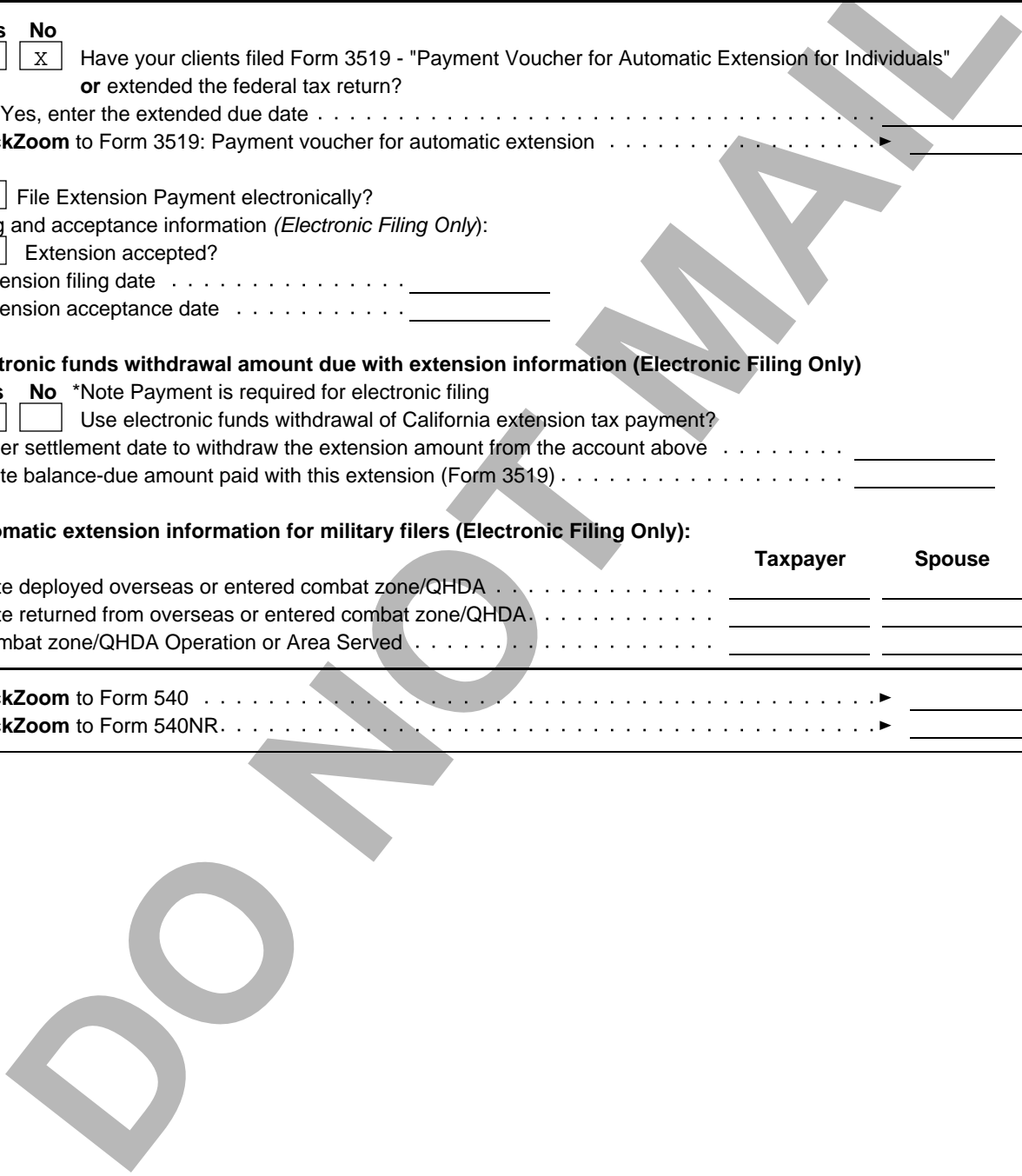
State balance-due amount paid with this extension (Form 3519) _____

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 CHANDRA VENKATKI THIMMAREDDYGARI	Social Security Number 513-93-9523
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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	6,807.
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	6,807.
15	Date return will be filed and balance paid	15	

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>6,807.</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>6,807.</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>93,072.</u>

