## **IRS** *e-file* **Signature Authorization**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Return completed Form 8879 to your ERO. (Don't send to the IRS.)
 Go to www.irs.gov/Form8879 for the latest information.

20	1	8	

Submission Identification Number (SID) 587278201906901xna83			
Taxpayer's name	Social security number		
RAMESH CHILAMKURI	730-88-0426		
Spouse's name	y number	r	
Part I Tax Return Information – Tax Year Ending December 31, 2018 (W	hole dollars only)		
1 Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)		1	74,909.
2 Total tax (Form 1040, line 15; Form 1040NR, line 61)		2	9,783.
3 Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1		3	9,760.
4 Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73	a)	4	•
5 Amount you owe (Form 1040, line 22; Form 1040NR, line 75)		5	23.
Part II Taxpayer Declaration and Signature Authorization (Be sure you ge		y of yo	
in Part I above are the amounts from my electronic income tax return. I consent to allow my intermedia originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receive reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I auth Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account i of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to d remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. T Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later that date. I also authorize the financial institutions involved in the processing of the electronic payment of ta answer inquiries and resolve issues related to the payment. I further acknowledge that the personal ident electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.	pt or reason for rejection norize the U.S. Treasury indicated in the tax preper- ebit the entry to this action o revoke (cancel) a pay in 2 business days prion xes to receive confider	n of the and its paration s count. Th ment, I m r to the p tial infor	transmission, <b>(b)</b> the designated Financial oftware for payment is authorization is to bust contact the U.S. bayment (settlement) mation necessary to
Taxpayer's PIN: check one box only			
I authorize GLOBAL TAXES LLC to enter or ge	enerate my PIN 8	0 4	2 6
ERO firm name		ter five di	
as my signature on my tax year 2018 electronically filed income tax return.	do	n't enter a	all zeros
I will enter my PIN as my signature on my tax year 2018 electronically filed incon entering your own PIN <b>and</b> your return is filed using the Practitioner PIN method.	ne tax return. Check The ERO must com	this bo plete Pa	ox <b>only</b> if you are art III below.
Your signature ► Date ►	►		
Spouse's PIN: check one box only			
I authorize to enter or ge	enerate my PIN		
ERO firm name		ter five di	
as my signature on my tax year 2018 electronically filed income tax return.	do	n't enter a	all zeros
I will enter my PIN as my signature on my tax year 2018 electronically filed incomentering your own PIN and your return is filed using the Practitioner PIN method.			
Spouse's signature Date	•		
Practitioner PIN Method Returns Only—continue	e 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 Don't en	8 1 ter all zer	2 3 4 5
I certify that the above numeric entry is my PIN, which is my signature for the tax year 20 the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance we method and <b>Pub. 1345</b> , Handbook for Authorized IRS <i>e-file</i> Providers of Individual Income	vith the requirement	ed inco s of the	me tax return for Practitioner PIN
ERO's signature Date	•		
ERO Must Retain This Form — See Instruct Don't Submit This Form to the IRS Unless Request			

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

Form **9325** 

(January 2017)

#### Department of the Treasury - Internal Revenue Service

## Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS <i>e-file</i> .	
730-88-0426 Taxpayer name RAMESH CHILAMKURI	-
Taxpayer address (optional)	
7077 ALVERN ST APT 224	_
LOS ANGELES CA 90045	-
1. X Your federal income tax return for 2018	was filed electronically with the Philadelphia
Submission Processing Center. The electronic filing	g services were provided byGLOBAL TAXES LLC
	ing a Personal Identification Number (PIN) as your electronic ctronic Return Originator (ERO) to enter or generate a PIN is <u>587278201906901xna83</u> .
3. Your return was accepted on	Allow 4 to 6 weeks for the processing of your return.
The Earned Income Credit or a dependent's exemp child's name and social security number mismatch.	tion on your return may be reduced or disallowed due to a
4. O Your electronic funds withdrawal payment request v	was accepted for processing.
5. Your electronic funds withdrawal payment request Tax" section.	was not accepted for processing. Refer to the "If You Owe
accepted on The Su	on of Time to File U.S. Individual Income Tax Return, was ubmission ID assigned to your extension
is	

## DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

### If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

#### If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

### If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

### **Tax Refund Related Financial Products**

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.** 

IF you live in	THEN use this address to send in your payment
Florida, Louisiana, Mississippi, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 7704 San Francisco, CA 94120-7704
Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota, Wisconsin	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
Alabama, Georgia, Kentucky, New Jersey, North Carolina, South Carolina, Tennessee, Virginia	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Delaware, Maine, Massachusetts, Missouri, New Hampshire, New York, Vermont	Internal Revenue Service P.O. Box 37008 Hartford, CT 06176-7008
Connecticut, District of Columbia, Maryland, Pennsylvania, Rhode Island, West Virginia	Internal Revenue Service P.O. Box 37910 Hartford, CT 06176-7910
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code 933), or use an APO or FPO address, or file Form 2555, 2555-EZ, or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands.	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2018

 $\pmb{\nabla}$  Detach Here and Mail With Your Payment and Return  $\pmb{\nabla}$ 

1040-V

Department of the Treasury

Internal Revenue Service (99)

# 2018

## Payment Voucher

► Do not staple or attach this voucher to your payment or return.

3 Amount you are pay money order. Make y money order payable States Treasury"	our check or	Dollars	Cents <b>23</b> •
REV 12/22/18 PRO	1555		-

#### RAMESH CHILAMKURI

7077 ALVERN ST 224 LOS ANGELES CA 90045

\_\_\_\_\_

INTERNAL REVENUE SERVICE P.O. BOX 7704 SAN FRANCISCO, CA 94120-7704

<b>1040</b>		artment of the Treasury—Internal Revenu <b>5. Individual Income</b>			(99) <b>'N</b>	20	18	OMB No.	1545-0074	IRS Use (	Only—E	Do not writ	te or staple in	this space.
Filing status:	X	Single Married filing jointly	Mar	ried filing s	separate		lead of h	lousehold	Qualif	ying widow(	er)			
Your first name				Last name				louoonora		<u>,</u>	<u> </u>	our soc	ial security	number
RAMESH				CHILA	MKUR	I					7	30-8	8-0426	
Your standard d	leducti	on: Someone can claim you					born bef	ore January	2. 1954	Ο Υοι	ı are b		0 0 1 2 0	
		first name and initial		Last name					_,				social secu	rity number
Spouse standard		on: Someone can claim your s				<u> </u>		s born befo	re January	2, 1954	×		ar health ca mpt (see ins	
Home address (	numbe	r and street). If you have a P.O. bo	x, see ir	struction	s.					Apt. no.	Р	residenti	al Election C	ampaign
7077 ALV	ERN	ST								224	(s	ee inst.)	You	Spouse
City, town or po	st offic	e, state, and ZIP code. If you have	a foreig	n address	s, attac	h Schedul	e 6.				lf	f more th	an four dep	endents,
LOS ANGE	LES	CA 90045											and 🗸 here	
Dependents (	see in	structions):		(2) Soc	ial secur	rity number	(3)	Relationship	to you		(4) √it	f qualifies	for (see inst.):	
(1) First name		Last name								Child ta	x credit	t (	Credit for othe	r dependents
														]
										[				]
														1
														]
Sign	Under p	enalties of perjury, I declare that I have e	examined	this return	and acc	ompanying	schedules	and stateme	nts, and to th	ne best of my	knowle	edge and I	celief, they are	e true,
Here		and complete. Declaration of preparer (	other thar	n taxpayer)	1	l on all inforr			er has any kr	owledge.	1			
Joint return?	Y	our signature			Date			cupation				e IRS sen enter it	t you an Ident	ity Protection
See instructions.								WARE E		ER	here	(see inst.)		
Keep a copy for	SI	oouse's signature. If a joint return,	both mu	ust sign.	Date		Spouse'	's occupatio	on			e IRS sen enter it	t you an Ident	tity Protection
your records.												(see inst.)		
Paid	Pi	reparer's name	Prepare	er's signat	ure				PTIN		Firm's	EIN	Check if:	
Preparer	APP	PPANA RUPA VENKATA SATYA SAI MANIKUMAR PO2090332										3rd Pa	arty Designee	
Use Only	Fi	rm's name 🕨 GLOBAL TAX	KES I	LC					Phone no	).			Self-e	employed
	Fi	rm's address ► 2530 Pebb]	le Cr	reek I	n Cu	umming	g GA	30041						
For Disclosure, I	Privac	Act, and Paperwork Reduction	Act No	tice, see	separa	te instruc	tions.						Form	<b>1040</b> (2018)
Form 1040 (0018)														- <b>0</b>
Form 1040 (2018)														Page 2
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2 .	• •		· ·			• •	1		/ 4	1,200.
Attach Form(s)	2a	Tax-exempt interest	2a					<b>b</b> Taxable	nterest .	• •	2b			
W-2. Also attach Form(s) W-2G and	3a	Qualified dividends	3a					<b>b</b> Ordinary			3b	_		
1099-R if tax was	4a	IRAs, pensions, and annuities .	4a					<b>b</b> Taxable	amount .		4b	_		
withheld.	5a	Social security benefits	5a					b Taxable	amount .		5b	_		
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 709. Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,						6	_	14	1,909.			
	7	subtract Schedule 1, line 36, fron				income, e			om line 6;	otherwise,	7		74	1,909.
Standard Deduction for—	8	Standard deduction or itemized of									8			2,000.
Single or married	9	Qualified business income deduc				,					9			
filing separately, \$12,000	10	Taxable income. Subtract lines 8	``		'						10		62	2,909.
<ul> <li>Married filing jointly or Qualifying</li> </ul>		a Tax (see inst.) 9,783. (chec			_	,				· · ·				
widow(er),	1.	<b>b</b> Add any amount from Schedul	-							<b>⊢</b> ⊓′	11		c	9,783.
\$24,000 • Head of	12	a Child tax credit/credit for other deper						om Schedule :			12		-	,,05.
household,	13	Subtract line 12 from line 11. If ze			0-	. ,					13		c	9,783.
\$18,000 • If you checked	14	Other taxes. Attach Schedule 4.									14			0.
any box under Standard	15	Total tax. Add lines 13 and 14									15		c	9,783.
deduction,	16	Federal income tax withheld from									16			9,760.
see instructions.	17	Refundable credits: <b>a</b> EIC (see inst.						 <b>c</b> Forr	n 8863					,
	.,	Add any amount from Schedule !	,		-						17			
	18	-			-						17		C	9,760.
	19	Add lines 16 and 17. These are y If line 18 is more than line 15, sub									19		-	,,00.
Refund	19 20a	Amount of line 19 you want refur						-			19 20a			
Direct deposit?	2∪a ►b			1 1		1 1					208	•		
See instructions.										Savings				
	► d		· ·	· · ·				· · · ·	A A					
Amount Van Om	21	Amount of line 19 you want applied Amount you owe. Subtract line						21	one					23.
Amount You Owe	22 23	-						1			22			<u> </u>
	20	Estimated tax penalty (see instrue	. (6101	• •	• •		-	23						

Go to *www.irs.gov/Form1040* for instructions and the latest information.

SCHEDULE 1		Additional Income and Adjustme	ente	to Income		OMB No. 1545-0074
(Form 1040)			71103			2018
Department of the Tre Internal Revenue Serv		Attachment Sequence No. <b>01</b>				
Name(s) shown on	Form 104	40			Your	social security number
RAMESH CH	ILAMK	URI			73	0-88-0426
Additional	1–9b	Reserved			1–9b	
Income	10	Taxable refunds, credits, or offsets of state and local inco	me ta	xes	10	709.
meenie	11	Alimony received			11	
	12	Business income or (loss). Attach Schedule C or C-EZ	12			
	13	Capital gain or (loss). Attach Schedule D if required. If not re	quired	d, check here 🕨 🗌	13	
	14	Other gains or (losses). Attach Form 4797			14	
	15a	Reserved			15b	
	16a	Reserved			16b	
	17	Rental real estate, royalties, partnerships, S corporations, trust	s, etc.	Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F			18	
	19	Unemployment compensation			19	
	20a	Reserved			20b	
	21	Other income. List type and amount			21	
	22	Combine the amounts in the far right column. If you don't				
		income, enter here and include on Form 1040, line 6. Other	erwise	e, go to line 23	22	709.
Adjustments	23	Educator expenses	23			
to Income	24	Certain business expenses of reservists, performing artists,				
		and fee-basis government officials. Attach Form 2106	24			
	25	Health savings account deduction. Attach Form 8889 .	25			
	26	Moving expenses for members of the Armed Forces.				
		Attach Form 3903	26			
	27	Deductible part of self-employment tax. Attach Schedule SE	27			
	28	Self-employed SEP, SIMPLE, and qualified plans	28			
	29 Self-employed health insurance deduction 29					
	30 Penalty on early withdrawal of savings					
	31a Alimony paid b Recipient's SSN ► 31a					
	32	IRA deduction	32			
	33	Student loan interest deduction	33			
	34	Reserved	34			
	35	Reserved	35			
	36	Add lines 23 through 35			36	

For Paperwork Reduction Act Notice, see your tax return instructions.

**SCHEDULE 1** 

Schedule 1 (Form 1040) 2018

OMB No. 1545-0074

REV 12/21/18 PRO

EXAMPLE YEAR       EVEN         2013       California e-file Signature Authorization for Individuals       8879         Your name       Your SNI or ITN       730 - 88 - 0426         Spouse/ROP's name       Spouse/ROP's solver ITN       9000000000000000000000000000000000000	175		C	O NOT MA	IL THIS F	ORM TO	THE F	٢B
Your name         Your SN or TIN           RAMESH CHILANKURI         730-88-0426           Spouse WROP's same         Spouse WROP's Same           Part I Tax Return Information (whole dollars only)         1           California Adjusted Gross Income. See instructions         1           2         Amount You One. See instructions         2           3         3         3           Part I Tax Return Information (whole dollars only)         1         74 , 200.1           2         Amount You One. See instructions         2         3           3         3         3         3           green ding December 1. Stage work and Statume Authorization (Be survey ou obtain and keep a copy of your return.)         1         74 , 200.1           Under panaliss of pariury. I declare that I have scamined a copy of ny individual income tax return and accompanying schedules as shown on my return and income tax return. It applicable, I declare that I have scame with 1 above agree with adore an amounts hown in Part I above agree with adore an amount on line 2 and/or the estimated ta paymateria manuant on line 3 and/or the estimated ta paymateria floor of ny declare that instruct deposit individual income tax return. It applicable, I declare that instruct deposit individual income tax return in the schedule and and anone tax individual income tax return. It applicable, I declare that instruct deposit individual income tax return in the schedule and and applicable individual income tax return. I have schedule tan instruction or my Rotin declare that instruction	TAXABLE YEAR					_	FORM	_
Your name         Your See instructions         730 – 88 – 0426           Spouwed PRDP's Name         Spouwed PRDP's SSN or TIN           Part I         Tax Return Information (whole dollars only)         1           I California Adjusted Gross Income, See instructions         2         3           2 Amount You Ova, See instructions         2         3           3 Return or No Amount Due, See instructions         3         3.72.           Part I         Taxyer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         3         3.72.           Under penalies of perius/. I declare that I have samined a copy of my individual income tax return and accomptantly including my name, address, and social security number of individual tax declare that the information and amounts shown in Part I taxe agrees with the divert declare that the information admounts shown in Part II taxe agrees with the divert declare that the information admounts shown in Part II.         Security number of individual taxe agrees with the divert dependit allow agrees with the divert dependit antiboxies and Part II taxe agrees and the adjust the information admounts shown in Part III.         Security number of individual taxe agrees with the divert dependit antiboxies and Part III.           Secure and/or transmitter ( information of Part III taxe) agrees with the divert dependit antiboxies and Part III taxe agrees and the adjust the information admounts taxe and particles.         Secure taxe and comparities of my declared taxe provide tax and that If the FIB doclared acor IIII taxe agrees and adjustacine fransed tax and tha	2018 California e-file Signature	Authoriza	ation fo	or Indivi	iduals		8879	1
SpouseHyRDP's same       SpouseHyRDP's SSN or TTN         Part I Tax Return Information (whole dollars only)       1       California Adjusted Gross Income. See instructions       1       74,200.         2       Amount You Ove. See instructions       2       3       372.         Part II Tax Return Information (whole dollars only)       2       3       372.         Part III Taxayaper Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       372.         Part III Tax Return Information (whole dollars only)       3       3.72.         Part III Tax Return Information (Be sure you obtain and keep a copy of your return.)       3       3.72.         Under penalties of perjury, I doclare that I have examined a corp of my individual Income tax return and accompanying schedules and statements for the tax its its true, correct, and companying schedules and statements for the isotain and anounts shown in Parylentah, Calacen that direct deposition individual income tax return. In applicable, Lattorize an electronic fund with the information and amounts shown in Parylentah, Calacen that direct deposition individual income tax return. The park the information in the park term information in the park schedules and schedule applicable					1	r ITIN		_
Part 1 Tax Return Information (whole dollars only)       1       74.200.         1 California Adjusted Gross Income. See instructions       2       2         2 Amount You Over, See instructions       2       3         3 Refund or No Amount Due. See instructions       3       3.72.         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       3.72.         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       3.72.         Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       1       74.200.         Minder penalise of perity. I clocate and the anounts blown in Part Jabve agree with the information genomes and the anounts shown on the corresponding lines of my electronic indust that anouts a law of the anount on line 2 and/or the estimated tax payments as shown on my return and an ommet and in the payment face and the anount on the sis an invocable appointment of the dollar or the data when the return due as a cinitatian schematic tay powers bas shown on my return and an ommet and and the appointement of the data when the return due as a cinitatian schematic tay appendix bas bayment on the data when the return due as a cinitatian schematic tay payment bas bayment on the data when the return due as a cinitatian schematic tay bas bayment on the correl data when the return due as a cinitatian schematic tay bas bayment on the data when the return due as a cinitatian bas bayment on the correl data may bayment on the data when the schemat of the tak babyment and tay aphrabia bayment on t	RAMESH CHILAMKURI				730-88-	-0426		
1       California Adjusted Gross Income. See Instructions       1       74.200.         2       Amount You Ows. See Instructions       2       3       372.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       372.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       Implementation and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perium; J declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax identification number) and the amounts of the held ret in you whole dega and bielef, it is true, correct, and complete. If turther clearating the information provided for my return or interval and/or the estimated the direct deposit return and out on inter 3 agrees with the direct deposit authorization stated on my return. If have filed alpoint the FTB to disclose to my ERO, intermediate service provider, addor the fTB devides to transmitter, or intermediate service provided in the the fTB to disclose to my ERO, intermediate service provide addor conset the whole the reduct was sent. If a milling a balance due return. Inderstating that if the FTB does not receive full and timely payment of my tax itability, it remain liable for the tax liability and al applicable interest and understating that the FTB to disclose to my ERO, intermediate service provide addor conset. If a milling a balance due return, the second part to the ERO firm addor conset in the disclose to my ERO, intermediate service provide addor conset. Tax Second (FTB). If the PTB to disclose to my ERO intermediate service provide addor	Spouse's/RDP's name				Spouse's/RI	)P's SSN or	TIN	
1       California Adjusted Gross Income. See Instructions       1       74.200.         2       Amount You Ows. See Instructions       2       3       372.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       3       372.         Part II       Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)       Implementation and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perium; J declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax identification number) and the amounts of the held ret in you whole dega and bielef, it is true, correct, and complete. If turther clearating the information provided for my return or interval and/or the estimated the direct deposit return and out on inter 3 agrees with the direct deposit authorization stated on my return. If have filed alpoint the FTB to disclose to my ERO, intermediate service provider, addor the fTB devides to transmitter, or intermediate service provided in the the fTB to disclose to my ERO, intermediate service provide addor conset the whole the reduct was sent. If a milling a balance due return. Inderstating that if the FTB does not receive full and timely payment of my tax itability, it remain liable for the tax liability and al applicable interest and understating that the FTB to disclose to my ERO, intermediate service provide addor conset. If a milling a balance due return, the second part to the ERO firm addor conset in the disclose to my ERO, intermediate service provide addor conset. Tax Second (FTB). If the PTB to disclose to my ERO intermediate service provide addor	Part I Tax Return Information (whole dollars only)							_
2 Amount You Over. See instructions							74,200	
Part II       Taspayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)         Under penalties of perjury.1 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 belieft, it is true, correct, and complete.1 further declar that the information I provided to my electronic return originator. (EPO). Intermediate service provider including my name, address, and social security number or individual tox identification. If an anoths shown in TeX1 shows agree with the information and announts shown on the corresponding lines of my electronic income tax return. If applicable, 1 authorizes are left about fortune with the vare or dired depost.1 Lathorizes are left deposit fund mount on line 2 and/or the estimated tax payments a stown on my return and on norm TEX shows agree with the information. Intermediate service provider, individe to first my ecomplete form any electronic to the franchiss Tax Board (FTB). If the processing of my return or refund is delayed.1 authorizes the TB Disolate that if the FTB dees not receive full and timely payment of my tax liability, in remain table for the tax liability and all applicable interve 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       I authorize EGOBAL TAXES LLC       to enter my PIN       I action and 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 on my 2018 e-filed California individual income tax 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 reus, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO). Iransmitter, or intermediate service provider (including my name, addreate that the information and another shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of direct deposit information and another shown on the corresponding lines of my electronic income tax return. If applicable, index withdrawal or direct deposit return, this is an irrevocable provider. Address providers that endows with the videor direct divosit. I authorize my ERO, transmitter, or intermediate service provider tax indicet deposit return, the term devisition or direct deposit. I authorize the FTB do its closes to my ERO, intermediate service provider tax indicet duposit return, the FTB do its closes to my ERO, intermediate service and extrame the return. Individual consent income tax return and exterturn, the second tax individual income tax return and externation tax in the income tax return. Individual income tax return and externation tax in the FTB do its closes to my ERO, intermediate service and externation to the Externation that with the FTB do its closes to my ERO, intermediate service and externation to the Externation that in the FTB do its closes to my ERO. Intermediate service and externation to the Externation that in the FTB do its closes to my ERO. Intermediate service and externation to the Externation that in the FTB do its closes to my ERO. Intermediate service and externation to the Externation the information and externation tax return. Interset and penalties is acknowledge that I have retard and onsent in the the ETB do its close tax return. Interset and penaltis is a structure that the ETB	3 Refund or No Amount Due. See instructions				3		372	•
year ending December 31, 2018, and to the best of my knowledge and belief, It is true, correct, and complete, Truther declare that the information I provided 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 cathorize an electronic funds withdrawal of the amounton line 2 and/or the estimated tax payments as shown on my return and on torm FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 2 and/or the estimated tax payments as shown on my return and on torm FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 2 and and/or the estimated tax evice provider to transmit my complete true no the financhise tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my FBD. The delay or the dale when the refund was seen. If I am filing a balance due return, I understand that if the FTB to disclose to my FBD. The method and payment of my tax liability. J remain liable for the tax liability and all applicable interest and partites. J 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 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 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 \$/RDP \$ PIN: check one box only         ERO firm name	Part II Taxpayer Declaration and Signature Authorization (Be sure you	u obtain and keep a	copy of your	return.)				_
I authorize GLOBAL TAXES LLC       to enter my PIN       8 0 4 2 6         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 >	tax identification number) and the amounts shown in Part I above agree with income tax return. If applicable, I authorize an electronic funds withdrawal of and on form FTB 8455, California e-file Payment Record for Individuals, or agrees with the direct deposit authorization stated on my return. If I have fil agent to authorize an electronic funds withdrawal or direct deposit. I author return to the Franchise Tax Board (FTB). If the processing of my return or r provider, and/or transmitter the reason(s) for the delay or the date when does not receive full and timely payment of my tax liability, I remain liable for read and consent to the Electronic Funds Withdrawal Consent included on t	th the information a of the amount on lin a comparable form led a joint return, th rize my ERO, transn refund is delayed, the refund was ser or the tax liability ar the copy of my elec	Ind amounts so the 2 and/or the lif applicable, is is an irrevo nitter, or inter <b>I authorize th</b> <b>nt.</b> If I am filin and all applicabit tronic income	hown on the co e estimated tax I declare that co cable appointmediate service e FTB to disclo g a balance due le interest and tax return. I ha	prresponding payments as lirect deposit eent of the oth provider to t se to my ERO e return, I unc penalties. I ac ve selected a	lines of my shown on refund am er spouse/ ransmit my l, <b>intermed</b> lerstand the knowledge	v electronic my return ount on line (RDP as an v complete liate servic at if the FTE e that I have	e
ERO firm name   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 Your signature >		, , , , , , , , , , , , , , , , , , ,						
ERO firm name       Do not enter all zeros         as my signature on my 2018 e-filed California individual income tax return. <ul> <li>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.</li> </ul> <ul> <li>Do not enter all zeros</li> <li>Do not enter all zeros</li> <li>Do not enter all zeros</li> </ul> Your signature >	A lauthorize GLOBAL TAXES LLC			to ent	er mv PIN	8 0	4 2	6
□ 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 one	,	Do not ent		;
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature ▶	as my signature on my 2018 e-filed California individual income tax re	eturn.						
Spouse's/RDP's PIN: check one box only			turn. Check th	nis box <b>only</b> if y	ou are enterir	ig your ow	n PIN and y	our
I authorize	Your signature 🕨		Date 🕨					
ERO firm name       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.         Spouse's/RDP's signature ▶	Spouse's/RDP's PIN: check one box only							
ERO firm name       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.         Spouse's/RDP's signature ▶	□ I authorize			to ent	er my PIN			
and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.  Spouse's/RDP's signature  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.  So 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.		eturn.				Do not ent	er all zeros	
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         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.				neck this box <b>o</b>	<b>nly</b> if you ar	e entering	your own	ыN
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.		·		_Date 🕨				
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.	Practitioner PIN Metho	od Returns Only o	continue belov	V				_
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.	Part III Certification and Authentication — Practitioner PIN Method C	Only						
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 EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-se	elected PIN. 5				3 4	5	
ERO's signature  Date	confirm that I am submitting this return in accordance with the requirement		a individual in	come tax returi	n for the taxp			
	ERO's signature		Date 🕨					

TAXABL	E YEAR										FORM
20	18	Cal	iforni	<b>a Re</b>	sident	Incom	e Tax F	Return			540
						APE		DO 1	NOT ATI	ACH FEDE	RAL RETURN
730- RAME	88-0 SH	426	CHIL Cl	HILAM	KURI			18			
	ALV: ANGE:		ST	CA	90045		APT	224			
08-2	0-19	89									
1	If you X	r Califorr Single	nia filing st	tatus is di	fferent from 4		-	neck the box her d (with qualifyin			
5 Status		Marrieo	I/RDP filin	g jointly.	See inst. 5		alifying widow e instructions.	(er). Enter year s	spouse/RDP (	died	
3		Marrieo	I/RDP filin	g separat	ely. Enter sp	ouse's/RDP's	SSN or ITIN a	bove and full na	me here		
6	lf som	neone ca	n claim yo	u (or you	r spouse/RD	P) as a deper	ident, check th	e box here. See	inst	• 6	
	<ul> <li>For lin</li> </ul>	e 7, line	3, line 9, a	nd line 10	: Multiply the	e amount you	enter in the bo	x by the pre-prin	ited dollar am	ount for that line.	Whole dollars only
7 8 9 0 10	box 2 Blind: if both Senio if both	or 5, ent If you (c are visu r: If you are 65 c	er 2, in the or your spe ally impai (or your sj or older, er	e box. If y ouse/RDP red, enter pouse/RD nter 2	ou checked ) are visually 2 P) are 65 or	the box on lin / impaired, er 	iter 1;	ctions (2) 7	X	\$118 = • \$ \$118 = • \$ \$118 = • \$	
otion	First N		Depend		,		Dependent 2			Dependent 3	
Exemptions 01	Last N										
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	-		ıt exempti	ons				• 10	X	\$367 = • \$	
11	Exem	<u>otion</u> am	ount: Add	line 7 thr	<u>ough lin</u> e 10	. Transfer this	<u>s amount</u> to lir	ie 32	<u></u>	. • 11 \$	118
		EV 12/17/1									
					17	5 3	3101184			Form 540 20	018 Side 1

You	r nam	me: C, H, I, L, A, M, K, U, R, I, Your SSN or ITIN: 730-88-0426									
	12	State wages from your Form(s) W-2, box 16									
	13	Enter federal adjusted gross income from Form 1040, line 7	74909_00								
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B • 14	709_00								
Je	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	74200_00								
Taxable Income	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C • 16	. 00								
able I	17	California adjusted gross income. Combine line 15 and line 16	74200_00								
Taxa	18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately	4401_00								
	19		69799_00								
	31	Tax. Check the box if from: Tax lable I ax Rate Schedule	3745_00								
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504,									
Тах		see instructions	118_00								
	33	Subtract line 32 from line 31. If less than zero, enter -0	3627.00								
	34	Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • 34									
	35	Add line 33 and line 34	3627_00								
	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	. 00								
	43	Enter credit name code • and amount • 43									
edits	44	Enter credit name code • and amount • 44	<b>.</b> 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	. 00								
	48	Subtract line 47 from line 35. If less than zero, enter -0	3627_00								
IXes	61	Alternative minimum tax. Attach Schedule P (540)	. 00								
Other Taxes	62	Mental Health Services Tax. See instructions									
Oth	63	Other taxes and credit recapture. See instructions	. 00								
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	3627_00								

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You	r nan	ne: C_H_I_L_A_M_K_U_R_I_ Your SSN or ITIN: 730-88-0426	
	71	California income tax withheld. See instructions	3999.00
	72	2018 CA estimated tax and other payments. See instructions	
Payments	73	Withholding (Form 592-B and/or 593). See instructions	• <u>00</u>
Payn	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	3999_00
UseTax	91	Use Tax. Do not leave blank. See instructions	
e.	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76	3999_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	372_00
paid.	95	Amount of line 94 you want applied to your <b>2019</b> estimated tax	0_00
Over	96	Overpaid tax available this year. Subtract line 95 from line 94	372_00
_	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64	
Contributions		Code         California Seniors Special Fund. See instructions         Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund         401	Amount 00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	

REV 12/17/18 PRO

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Contributions

Your name: C, H, I, L, A, M, K, U, R, I,

Your SSN or ITIN: 730-88-0426

		<u>Code</u>	Amount
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	
	California Firefighters' Memorial Fund	406	
	Emergency Food for Families Voluntary Tax Contribution Fund	407	
	California Peace Officer Memorial Foundation Fund.	408	_ 00
	California Sea Otter Fund	410	00
	California Cancer Research Voluntary Tax Contribution Fund.	413	00
	School Supplies for Homeless Children Fund	422	
	State Parks Protection Fund/Parks Pass Purchase	423	
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	
	Keep Arts in Schools Voluntary Tax Contribution Fund	425	
	State Children's Trust Fund for the Prevention of Child Abuse	430	
	Prevention of Animal Homelessness and Cruelty Fund	431	
	Revive the Salton Sea Fund	432	
	California Domestic Violence Victims Fund	433	
	Special Olympics Fund	434	
	Type 1 Diabetes Research Fund	435	00
	California YMCA Youth and Government Voluntary Tax Contribution Fund	436	
	Habitat for Humanity Voluntary Tax Contribution Fund	437	
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	
	Rape Backlog Kit Voluntary Tax Contribution Fund	440	00
	Organ and Tissue Donor Registry Voluntary Tax Contribution Fund	441	
	National Alliance on Mental Illness California Voluntary Tax Contribution Fund	442	
	Schools Not Prisons Voluntary Tax Contribution Fund.	443	
110	Add code 400 through code 443. This is your total contribution	110	- 00

REV 12/17/18 PRO Side 4 Form 540 2018

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You	r nam	e: C	H I L A M K	URI	1 1	Your SSN or ITIN:	7	30-88-0426						
Amount You Owe		Mail to:	FRANCHISE TAX PO BOX 942867	CBOARD						tions. Do not send cash.				
nd	112	Interest	t late return nenaltie	es and late navm	ent nenal	lties				112 .00				
Interest and Penalties			Iderpayment of estimated tax. Check the box: • FTB 5805 attached • FTB 5805F attack											
Inter Pei			I amount due. See instructions. Enclose, but <b>do not</b> staple, any payment											
						line 110, line 112 and l								
Refund and Direct Deposit	Fill in Have	Mail to: n the info <b>e you ve</b>	FRANCHISE TAX PO BOX 942840 SACRAMENTO C prmation to authorize rified the routing a	<b>BOARD</b> CA 94240-0001 e direct deposit of y nd account numb	, our refu <b>ers?</b> Use	·	 unts.	Do not attach a voided	5	k or a deposit slip. See instructions.				
ect D				• Туре										
d Dir	• R	louting I	number	× Checking	<ul> <li>Acco</li> </ul>	ount number				<b>116</b> Direct deposit amount				
id an	0	2 1 2	2 0 2 3 3 7	Savings	6 2	2 5 5 3 9 2 8				3 7 2 00				
Refur	The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown be Type							e account shown belov	V:					
	Routing number			Checking	Acco	ount number			, •	117 Direct deposit amount				
				Savings										
						Id attach a copy of y		•						
and s acco	search	n for <b>113</b> ying sch	1. To request this not	tice by mail, call 80	0.852.57 of my kn		erjur	y, I declare that I have e correct, and complete.	examir	nformation, go to <b>ftb.ca.gov/forms</b> ned this tax return, including joint tax return, both must sign)				
									_					
Si	gn		Your email ad	Idress. Enter only on	e email ac	ddress.			• Pre	ferred phone number				
	ere		Paid preparer's si	ignature (declaratio	n of prep	arer is based on all infor	matio	on of which preparer ha	<u> </u>	0 1 2 0 8 9 2 6 2 knowledge)				
	unlaw rge a	ful		<u></u>					- u,					
spou		RDP's	Firm's name (or y	yours, if self-employe	ed)				F	PTIN				
-				GLOBAL TAXES LLC					P 0 2 0 9 0 3 3 2					
	it tax return? e instructions)			Firm's address 2530 PEBBLE CREEK LN CUMMING GA 30041						● Firm's FEIN				
			Do you want to		rson to d	iscuss this tax return w	rith u			Yes • × No				
									(	)				
		<u> </u>	REV 12/17/18 PRO	1	75	3105184			Fo	orm 540 2018 Side 5				

CA (540)

# **2018 California Adjustments — Residents**

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

Nam	es(s) as shown on tax return		SSN	l or IT	ĪN	
R	AMESH CHILAMKURI		7	3	0 8 8	0 4 2 6
Pa	t I Income Adjustment Schedule		Federal Amounts (taxable amounts from	B	Subtractions See instructions	C Additions See instructions
Sect	ion A – Income from federal Form 1040	-	your federal tax return)		See instructions	
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1	• 74,200.	$  \odot$		$\odot$
2	Taxable interest (a)	)(		$  \odot  $		$\odot$
3	Ordinary dividends. See instructions. (a) (a)			$\odot$		$\odot$
4	IRAs, pensions, and annuities. See instructions. (a) (a)			$\odot$		$\odot$
5	Social security benefits. (a) (a)			$\odot$		
Sec	ion B – Additional Income from federal Schedule 1 (Form 1040)					
10	Taxable refunds, credits, or offsets of state and local income taxes	0	<b>•</b> 709.		709.	
11	Alimony received					$\bigcirc$
12	Business income or (loss)					
13	Capital gain or (loss). See instructions		-	$\overline{\bullet}$		Ō
14	Other gains or (losses)			$\bigcirc$		$\odot$
15a	Reserved					
16a	Reserved	· F				
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc	7	•			$\odot$
18	Farm income or (loss)	8	Ō			٥
19	Unemployment compensation		-	$\bigcirc$		
20a	Reserved					
21	Other income.	ſ		a		a
	a California lottery winnings e NOL from FTB 3805Z,			b (		b
		1	$\bullet$	c		C 🖲
	c Federal NOL f Other (describe):	-		d 🤇		d
	(federal Schedule 1 (Form 1040), line 21)			e 🤇		e
	d NOL deduction from FTB 3805V			lf 🦲		f 🖲
22	Total. Combine line 1 through line 21 in column A. Add line 1 through line 21f in					
	column B and column C. Go to Section C	2	• 74,909.	$\odot$	709.	$\odot$
Saci	ion C – Adjustments to Income from federal Schedule 1 (Form 1040)					
23	Educator expenses	3				
24	government officials	4	$\overline{\bullet}$			
25	•	5		$\overline{\mathbf{O}}$		
26		6	2			$\odot$
27	Deductible part of self-employment tax	- H-				
28	Self-employed SEP, SIMPLE, and qualified plans					
29	Self-employed health insurance deduction					
30	Penalty on early withdrawal of savings					
31a	Alimony paid. (b) Recipient's: SSN •					
		0				
	Last name •					$\bigcirc$
32		2	2			•
33 24	Student loan interest deduction		<u> </u>			
34 25	Reserved					
35	Reserved	อ				
36	Add line 23 through line 31a and line 32 through line 35 in columns A, B, and C. See instructions	6				
	U	74	•			
37	Total. Subtract line 36 from line 22 in columns A, B, and C. See instructions 3	7	• 74,909.	$\bigcirc$	709.	
		_				

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	ck the box if you did NOT itemize for federal but will itemize for California	(	orm 1040))				
1	Medical and dental expenses	1					
2	Enter amount from federal Form 1040, line 7 (a) 74 , 909 74	·					
	Multiply line 2 by 7.5% (0.075)						
3 4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.						
-	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0						
a	State and local income tax or general sales taxes		4,741.		4,741.		
b	State and local real estate taxes	) 🔘	<b>,</b>				
	State and local personal property taxes						
h	Add lines 5a through 5c		4,741.				
	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A.						
Č	Enter the amount from line 5a, column B in line 5e, column B						
	Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e		4,741.	$   \mathbf{O} $	4,741.	lacksquare	
i		<b>i</b> 💿		$   \mathbf{O} $			
	Add lines 5e and 6		4,741.	$oldsymbol{O}$	4,741.		
e	rest You Paid	·					
	Home mortgage interest and points reported to you on Form 1098	1 🔘					
	Home mortgage interest not reported to you on Form 1098	) 💽				lacksquare	
	Points not reported to you on Form 1098					lacksquare	
	Reserved						
	Add lines 8a through 8c	-					
	Investment interest.			lacksquare		lacksquare	
	Add lines 8e and 9			lacksquare			
-	s to Charity						
	Gifts by cash or check			$\bullet$		$\bullet$	
	Other than by cash or check			lacksquare			
	Carryover from prior year			lacksquare			
	Add lines 11 through 13	-					
s	ualty and Theft Losses	10				0	
	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal						
		5		$   \mathbf{O} $		$   \mathbf{O} $	
he	er Itemized Deductions						
	Other—from list in federal instructions	60				$\bigcirc$	
	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		4,741.	Ŏ	4,741.		

#### 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		
20	Tax preparation fees		
21	Other expenses - investment, safe deposit box, etc. List type • • 21		
22	Add lines 19 through 21		
23	Enter amount from federal Form 1040, line 7 )74 , 909		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
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 540, line 13) more than the amount shown below for your filing status? Single or married/RDP filing separately	_	
	Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), 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	F	
	Transfer the amount on line 30 to Form 540, line 18	. 🖲 30 🛛	4,401.

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