

2018

Resident Income Tax Return

Long Form

540NR

APE

DO NOT ATTACH FEDERAL RETURN

776-46-6324 EDE
VENKATESH EDE

18

220 SUMMIT BLVD
BROOMFIELD CO 80021

APT 152

11-14-1992

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

Filing Status

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

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

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

- 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. 7 [1] X \$118 = \$ 118
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 8 [] X \$118 = \$
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 9 [] X \$118 = \$

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

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

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

Your name: Your SSN or ITIN:

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

Total Taxable Income	12 Total California wages from your Form(s) W-2, box 16 <input checked="" type="radio"/> 12 <input type="text" value="9600"/> <input type="text" value=".00"/>	<input type="text" value="9600"/>	<input type="text" value=".00"/>
	13 Enter federal AGI from Form 1040, line 7; 1040NR, line 35; or 1040NR-EZ, line 10 <input checked="" type="radio"/> 13 <input type="text" value="9600"/> <input type="text" value=".00"/>	<input type="text" value="9600"/>	<input type="text" value=".00"/>
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540NR), line 37, column B <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 <input type="text" value="9600"/> <input type="text" value=".00"/>	<input type="text" value="9600"/>	<input type="text" value=".00"/>
	16 California adjustments – additions. Enter the amount from Schedule CA (540NR), line 37, column C <input checked="" type="radio"/> 16 <input type="text" value=""/> <input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>
	17 Adjusted gross income from all sources. Combine line 15 and line 16 <input checked="" type="radio"/> 17 <input type="text" value="9600"/> <input type="text" value=".00"/>	<input type="text" value="9600"/>	<input type="text" value=".00"/>
	18 Enter the larger of: Your California itemized deductions from Schedule CA (540NR), Part III, line 30; OR Your California standard deduction . See instructions <input checked="" type="radio"/> 18 <input type="text" value="4401"/> <input type="text" value=".00"/>	<input type="text" value="4401"/>	<input type="text" value=".00"/>
	19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- <input checked="" type="radio"/> 19 <input type="text" value="5199"/> <input type="text" value=".00"/>	<input type="text" value="5199"/>	<input type="text" value=".00"/>

CA Taxable Income	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="text" value="FTB 3800"/> <input checked="" type="radio"/> <input type="text" value="FTB 3803"/> 31 <input type="text" value="52"/> <input type="text" value=".00"/>	<input type="text" value="52"/>	<input type="text" value=".00"/>
	32 CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. <input checked="" type="radio"/> 32 <input type="text" value="9600"/> <input type="text" value=".00"/>	<input type="text" value="9600"/>	<input type="text" value=".00"/>
	35 CA Taxable Income from Schedule CA (540NR), Part IV, line 5. <input checked="" type="radio"/> 35 <input type="text" value="5199"/> <input type="text" value=".00"/>	<input type="text" value="5199"/>	<input type="text" value=".00"/>
	36 CA Tax Rate. Divide line 31 by line 19. <input checked="" type="radio"/> 36 <input type="text" value=".00100"/>	<input type="text" value=".00100"/>	
	37 CA Tax Before Exemption Credits. Multiply line 35 by line 36. <input checked="" type="radio"/> 37 <input type="text" value="52"/> <input type="text" value=".00"/>	<input type="text" value="52"/>	<input type="text" value=".00"/>
	38 CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. <input checked="" type="radio"/> 38 <input type="text" value=".10000"/>	<input type="text" value=".10000"/>	
	39 CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$194,504, see instructions <input checked="" type="radio"/> 39 <input type="text" value="118"/> <input type="text" value=".00"/>	<input type="text" value="118"/>	<input type="text" value=".00"/>
	40 CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> 40 <input type="text" value="0"/> <input type="text" value=".00"/>	<input type="text" value="0"/>	<input type="text" value=".00"/>
	41 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A 41 <input type="text" value=""/> <input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>
42 Add line 40 and line 41 <input checked="" type="radio"/> 42 <input type="text" value="0"/> <input type="text" value=".00"/>	<input type="text" value="0"/>	<input type="text" value=".00"/>	

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

Your name: Your SSN or ITIN:

Special Credits continued

58 Enter credit name code and amount... .00

59 Enter credit name code and amount... .00

60 To claim more than two credits. See instructions00

61 Nonrefundable renter's credit. See instructions00

62 Add line 50 and line 55 through 61. These are your total credits00

63 Subtract line 62 from line 42. If less than zero, enter -0-00

Other Taxes

71 Alternative minimum tax. Attach Schedule P (540NR)00

72 Mental Health Services Tax. See instructions00

73 Other taxes and credit recapture. See instructions00

74 Add line 63, line 71, line 72, and line 73. This is your total tax00

Payments

81 California income tax withheld. See instructions.00

82 2018 CA estimated tax and other payments. See instructions00

83 Withholding (Form 592-B and/or 593). See instructions00

84 Excess SDI (or VPI) withheld. See instructions00

85 Earned Income Tax Credit (EITC)00

86 Add lines 81 through 85. These are your total payments. See instructions.00

Overpaid Tax/Tax Due

101 Overpaid tax. If line 86 is more than line 74, subtract line 74 from line 86.00

102 Amount of line 101 you want applied to your 2019 estimated tax.00

103 Overpaid tax available this year. Subtract line 102 from line 10100

104 Tax due. If line 86 is less than line 74, subtract line 86 from line 74.00

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:

Your SSN or ITIN:



	<u>Code</u>	<u>Amount</u>	
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: Your SSN or ITIN:

Amount You Owe
121 **AMOUNT YOU OWE.** Add line 104 and line 120. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● 121 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

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

Refund and Direct Deposit
125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● 125 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number ● 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:

● Routing number ● 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.

Joint tax return? (See instructions)

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

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

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

Print Third Party Designee's Name Telephone Number

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

VENKATESH EDE

7 7 6 4 6 6 3 2 4

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 checked="" type="radio"/> 776-46-6324	<input type="radio"/>
b. Employer identification number (EIN)	<input checked="" type="radio"/> 83-0675925	<input type="radio"/>
c. Employer's name	<input checked="" type="radio"/> INTELLECTT INC	<input type="radio"/>
Address	<input checked="" type="radio"/> 2209 WOODBRIDGE COMMONS WAY	<input type="radio"/>
City	<input checked="" type="radio"/> ISELIN	<input type="radio"/>
State	<input checked="" type="radio"/> NJ	<input type="radio"/>
Zip code	<input checked="" type="radio"/> 08830-3034	<input type="radio"/>
e. Employee's first name*	<input checked="" type="radio"/> VENKATESH	<input type="radio"/>
Middle initial*	<input type="radio"/>	<input type="radio"/>
Last name*	<input checked="" type="radio"/> EDE	<input type="radio"/>
Suffix*	<input type="radio"/>	<input type="radio"/>
f. Employee address*	<input checked="" type="radio"/> 220 SUMMIT BLVD, APT. 152	<input type="radio"/>
City*	<input checked="" type="radio"/> BROOMFIELD	<input type="radio"/>
State*	<input checked="" type="radio"/> CO	<input type="radio"/>
Zip code*	<input checked="" type="radio"/> 80021	<input type="radio"/>
1. Wages, tips, other compensation	<input checked="" type="radio"/> 9,600.	<input type="radio"/>
2. Federal income tax withheld	<input checked="" type="radio"/> 814.	<input type="radio"/>
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.

12b.

12c.

12d.

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

Statutory employee Statutory employee

Retirement plan Retirement plan

Third-party sick pay Third-party sick pay

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

Type Amount Type Amount

15. State and employer's state ID number

State Employer's state ID number State Employer's state ID number

CA 048-8380 7

16. State wages, tips, etc. 9,600.

17. State income tax 286.

REV 12/17/18 PRO

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: V E N K A T E S H, E D E
SSN or ITIN: 7 7 6 4 6 6 3 2 4

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 (checked), Resident
b Spouse: Nonresident, Part-Year Resident, Resident

Table with columns: Yourself, Spouse/RDP. Rows 2-8 detailing residency information such as domicile, military status, and days spent in CA.

Part II Income Adjustment Schedule

Table with 5 columns: A (Federal Amounts), B (Subtractions), C (Additions), D (Total Amounts Using CA Law), E (CA Amounts). Rows include Section A (Income from federal Form 1040) and Section B (Additional Income from federal Schedule 1).

	A	B	C	D	E
Section B — Additional Income Continued	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
18 Farm income or (loss) 18	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 Unemployment compensation 19	<input type="radio"/>	<input type="radio"/>			
20a Reserved 20a					
21 Other income.					
a California lottery winnings		<input type="radio"/>	a <input type="text"/>		
b Disaster loss deduction from FTB 3805V		<input type="radio"/>	b <input type="text"/>		
c Federal NOL (Schedule 1 (Form 1040), line 21)		<input type="radio"/>	c <input type="radio"/>		
d NOL deduction from FTB 3805V 21	<input type="radio"/>	<input type="radio"/>	d <input type="text"/>	21 <input type="radio"/>	21 <input type="radio"/>
e NOL from FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809		<input type="radio"/>	e <input type="text"/>		
f Other (describe): <input type="radio"/>		<input type="radio"/>	f <input type="text"/>		
22 Total. Combine line 1 through line 21 in each column. Go to Section C 22	<input type="radio"/> 9,600.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 9,600.	<input type="radio"/> 9,600.

	A	B	C	D	E
Income Adjustment Schedule					
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
23 Educator expenses 23	<input type="radio"/>	<input type="radio"/>			
24 Certain business expenses of reservists, performing artists, and fee-basis government officials 24	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 Health savings account deduction 25	<input type="radio"/>	<input type="radio"/>			
26 Moving expenses. Attach federal Form 3903. See instructions 26	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Deductible part of self-employment tax . . . 27	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
28 Self-employed SEP, SIMPLE, and qualified plans 28	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
29 Self-employed health insurance deduction 29	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
30 Penalty on early withdrawal of savings . . . 30	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
31a Alimony paid. b Enter recipient's: SSN <input type="radio"/> _____ - _____ Last name <input type="radio"/> _____ . 31a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32 IRA deduction 32	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
33 Student loan interest deduction 33	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34 Reserved 34					
35 Reserved 35					
36 Add line 23 through line 35 in each column, A through E 36	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37 Total. Subtract line 36 from line 22 in each column, A through E. See instructions . . . 37	<input type="radio"/> 9,600.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 9,600.	<input type="radio"/> 9,600.

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"/> 9,600	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 720	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4			

Taxes You Paid

5a	State and local income tax or general sales taxes <input checked="" type="radio"/>	5a	328.	<input checked="" type="radio"/>	328.	
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"/> 328.	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 Enter the difference from line 5d and line 5e, column A in line 5e, column C <input checked="" type="radio"/>	5e	328.	<input checked="" type="radio"/>	328.	<input checked="" type="radio"/> 0.
6	Other taxes. List type <input checked="" type="radio"/>	6		<input checked="" type="radio"/>		
7	Add lines 5e and 6 <input checked="" type="radio"/> 328.	7		<input checked="" type="radio"/>	328.	<input checked="" type="radio"/> 0.

Interest You Paid

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

Gifts to Charity

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

Casualty and Theft Losses

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

16	Other—from list in federal instructions <input checked="" type="radio"/>	16		<input checked="" type="radio"/>	<input checked="" type="radio"/>
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 328.	17		<input checked="" type="radio"/>	328.

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 21

22 Add lines 19 through 21. 22

23 Enter amount from federal Form 1040, line 7 9,600.

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

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

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

27 Other adjustments. See instructions. Specify. 27

28 Combine line 26 and line 27. 28 .

29 **Is your federal AGI (Form 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 .

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 .

Part IV California Taxable Income

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

2 Enter your deductions from line 30. 2 .

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 .

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

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 .

2018 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ or Long or Short Form 540NR

Name(s) as shown on tax return

SSN

VENKATESH EDE

7 7 6 4 6 6 3 2 4

Before you begin:

If you claim the EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

Follow Step 1 through Step 7 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit.

If you are claiming the California Earned Income Tax Credit (EITC), you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Long or Short Form 540NR.

Part I Qualifying Information See Specific Instructions.

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? Yes No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? Yes No
- 2 Federal AGI (federal Form 1040, line 7) ● 2 .00
- 3 Federal EIC (federal Form 1040, line 17a) ● 3 .00

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income ● 4 .00

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information

	Child 1	Child 2	Child 3
5 First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Date of birth (mm/dd/yyyy). If born after 1999 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 a Was the child under age 24 at the end of 2018, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
b Was the child permanently and totally disabled during any part of 2018? If yes, go to line 10. If no, stop here. The child is not a qualifying child.	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10 Child's relationship to you. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 Number of days child lived with you in California during 2018. Do not enter more than 365 days. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>



	Child 1	Child 2	Child 3
12 a Child's physical address during 2018 (number, street, and apt. no./ste. no.). See instructions. . . .	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
b City.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
c State.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>
d ZIP code.	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>	<input type="radio"/> <input type="text"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions. . . .	<input checked="" type="radio"/> 13	<input type="text" value="9600"/>	<input type="text" value="00"/>
14 IHSS payments. See instructions.	<input type="radio"/> 14	<input type="text"/>	<input type="text" value="00"/>
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	<input type="radio"/> 15	<input type="text"/>	<input type="text" value="00"/>
16 Subtract line 14 and line 15 from line 13.	<input checked="" type="radio"/> 16	<input type="text" value="9600"/>	<input type="text" value="00"/>
17 Nontaxable combat pay. See instructions.	<input type="radio"/> 17	<input type="text"/>	<input type="text" value="00"/>
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	<input type="radio"/> 18	<input type="text"/>	<input type="text" value="00"/>
a Business name.	<input type="radio"/>	<input type="text"/>	
b Business address	<input type="radio"/>	<input type="text"/>	
City, state, and zip code	<input type="radio"/>	<input type="text"/>	
c Business license number	<input type="radio"/>	<input type="text"/>	
d SEIN.	<input type="radio"/>	<input type="text"/>	
e Business code	<input type="radio"/>	<input type="text"/>	
19 California Earned Income. Add line 16, line 17, and line 18.	<input checked="" type="radio"/> 19	<input type="text" value="9600"/>	<input type="text" value="00"/>

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, Line 23	<input checked="" type="radio"/> 20	<input type="text" value="66"/>	<input type="text" value="00"/>
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

21 CA Exemption Credit Percentage from Form 540NR (Long or Short), line 38.	<input checked="" type="radio"/> 21	<input type="text" value="1.00000"/>	
22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21. This amount should also be entered on Form 540NR (Long or Short), line 85	<input checked="" type="radio"/> 22	<input type="text" value="66"/>	<input type="text" value="00"/>



Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR (Long or Short).

Name(s) as shown on tax return

VENKATESH EDE

SSN or ITIN

7 7 6 4 6 6 3 2 4

Part I - Due Diligence Requirements

1 a Preparer's name 1a

[Empty box for name]

b Preparer's PTIN 1b

[Empty box for PTIN]

c Preparer's license, registration, or enrollment type. Check one box

CPA EA Attorney CTEC Other (specify)

If CPA, Attorney, or Other, enter license, registration, or enrollment state 1c

[Empty box for state]

d Preparer's license, registration, or enrollment number 1d

[Empty box for number]

2 Did you complete form FTB 3514, California Earned Income Tax Credit (EITC), based on current information provided by the taxpayer or reasonably obtained by you? 2 Yes No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? 3 Yes No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the EITC Review information to determine that the taxpayer is eligible to claim the credit and for what amount. 4 Yes No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) 5 Yes No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? 5a Yes No

b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) 5b Yes No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility or to compute the amount for the credit 6 Yes No

List those documents, if any, that you relied on.

[Empty lines for document list]

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? 7 Yes No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Schedule C, Schedule C-EZ, Schedule F, or Schedule SE? 8 Yes No N/A

Part II – Due Diligence Questions

- 9 a** Have you determined that the taxpayer is, in fact, eligible to claim the EITC for the number of children whom the EITC is claimed, or to claim the EITC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming EITC and does not have a qualifying child.) **9a** Yes No
- b** Did you explain to the taxpayer that he/she may not claim the EITC if the taxpayer has not lived with the child for over half the year, even if the taxpayer has supported the child? **9b** Yes No
- c** Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tie-breaker rules)? **9c** Yes No
 N/A
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Part III – Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A.** Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount; and
- B.** Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C.** Submit form FTB 3596 in the manner required;
- D.** Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
 - a.** A copy of form FTB 3596,
 - b.** The EITC worksheet(s) or your own worksheet(s),
 - c.** Copies of any taxpayer documents you relied on to determine eligibility for or amount of EITC,
 - d.** A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 - e.** A record of any additional questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10** Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? **10** Yes No
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Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **VENKATESH** Last name: **EDE** Your social security number: **776-46-6324**

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)

Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **220 SUMMIT BLVD** Apt. no. **152** Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **BROOMFIELD CO 80021** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: _____ Date: _____ Your occupation: **SR. PACKAGING ENGINEER**

Spouse's signature. If a joint return, both must sign. _____ Date: _____ Spouse's occupation: _____

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name: **ARVSSMANIKUMAR** Preparer's signature: _____ PTIN: **P02090332** Firm's EIN: **30-1017196** Check if: 3rd Party Designee Self-employed

Firm's name: **GLOBAL TAXES LLC** Phone no.: _____

Firm's address: **2530 Pebble Creek Ln Cumming GA 30041**

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	9,600.
2a	Tax-exempt interest	2b	
3a	Qualified dividends	3b	
4a	IRAs, pensions, and annuities	4b	
5a	Social security benefits	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	9,600.
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	9,600.
8	Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9	Qualified business income deduction (see instructions)	9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0.
11	a Tax (see inst.) <u>0.</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	0.
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	0.
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	0.
14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0.
15	Other taxes. Attach Schedule 4	15	0.
16	Total tax. Add lines 13 and 14	16	814.
17	Federal income tax withheld from Forms W-2 and 1099	17	
18	Refundable credits: a EIC (see inst.) <u>No</u> b Sch. 8812 c Form 8863	18	814.
19	Add any amount from Schedule 5	19	814.
20a	Add lines 16 and 17. These are your total payments	20a	814.
21	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	814.
22	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	22	814.
23	Amount of line 19 you want applied to your 2019 estimated tax	23	
24	Amount you owe. Subtract line 23 from line 22. For details on how to pay, see instructions	24	
25	Estimated tax penalty (see instructions)	25	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

Direct deposit? See instructions.