

Date Accepted \_\_\_\_\_

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

FORM

# 2017 California e-file Return Authorization for Individuals

# 8453

Your first name and initial <b>NARESH KUMAR</b>		Last name <b>HARINARTHINI</b>		Suffix	Your SSN or ITIN <b>899-12-0055</b>
If joint return, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box <b>38725 LEXINGTON ST</b>		Apt. no./ste. no. <b>APT 206</b>	PMB/private mailbox		Daytime telephone number
City <b>FREMONT</b>		State <b>CA</b>		ZIP code <b>94536</b>	
Foreign country name		Foreign province/state/county			Foreign postal code

### Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. ....	<b>1</b>	<b>25,256.</b>
2 Refund or no amount due. See instructions. ....	<b>2</b>	<b>398.</b>
3 Amount you owe. See instructions. ....	<b>3</b>	

### Part II Settle Your Account Electronically for Taxable Year 2017 (Payment due 4/17/2018)

4  Direct deposit of refund    5  Electronic funds withdrawal    5a Amount \_\_\_\_\_    5b Withdrawal date (mm/dd/yyyy) \_\_\_\_\_

### Part III Make Estimated Tax Payments for Taxable Year 2018 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/17/2018	Second Payment Due 6/15/2018	Third Payment Due 9/17/2018	Fourth Payment Due 1/15/2019
6 Amount				
7 Withdrawal date				

### Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ <b>398.</b>	12 The remaining amount of my refund for direct deposit _____
9 Routing number _____ <b>321171184</b>	13 Routing number _____
10 Account number _____ <b>42018214710</b>	14 Account number _____
11 Type of account: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

### Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, Box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, Box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2017 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

<b>Sign Here</b>		Date		Date
	Your signature		Spouse's/RDP's signature. If filing jointly, both must sign. <i>It is unlawful to forge a spouse's/RDP's signature.</i>	

### Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO Must Sign</b>	ERO's signature	Date <b>06/06/2018</b>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address	<b>GLOBAL TAXES LLC</b> <b>2530 PEBBLE CREEK LN CUMMING GA</b>		FEIN <b>30-1017196</b>	ZIP code <b>30041</b>

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature	Date <b>06/06/2018</b>	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P02090332</b>
	Firm's name (or yours if self-employed) and address	<b>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</b> <b>2530 PEBBLE CREEK LN CUMMING GA</b>		FEIN <b>30-1017196</b> ZIP code <b>30041</b>

# 2017 California Resident Income Tax Return

## 540

APE

ATTACH FEDERAL RETURN

899-12-0055 HARI  
NARESHKUMAR HARINARTHINI

17

A  
R  
RP

38725 LEXINGTON ST  
FREMONT CA 94536

APT 206

01-16-1992

**Filing Status**

1  Single

2  Married/RDP filing jointly. See inst.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

4  Head of household (with qualifying person). See instructions.

5  Qualifying widow(er) with dependent child. Enter year spouse/RDP died

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

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

► 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, in the box. If you checked the box on line 6, see instructions.  7  X \$114 =  \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2  8  X \$114 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2  9  X \$114 =  \$

**Exemptions**

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions  10  X \$353 =  \$

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32.  11 \$

Your name: H A R I N A R T H I N I

Your SSN or ITIN: 899-12-0055

Taxable Income	12	State wages from your Form(s) W-2, box 16	● 12	27056	.00
	13	Enter federal adjusted gross income from Form 1040, line 37; 1040A, line 21; or 1040EZ, line 4	● 13	25256	.00
	14	California adjustments – subtractions. Enter the amount from Schedule CA (540), line 37, column B	● 14		.00
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	● 15	25256	.00
	16	California adjustments – additions. Enter the amount from Schedule CA (540), line 37, column C	● 16		.00
	17	California adjusted gross income. Combine line 15 and line 16	● 17	25256	.00
	18	Enter the larger of { Your California <b>itemized deductions</b> from Schedule CA (540), line 44; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately.....\$4,236 • Married/RDP filing jointly, Head of household, or Qualifying widow(er).....\$8,472 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	● 18	4236	.00
	19	Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0-	● 19	21020	.00

Tax	31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	● 31	368	.00
	32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$187,203, see instructions	● 32	114	.00
	33	Subtract line 32 from line 31. If less than zero, enter -0-	● 33	254	.00
	34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	● 34		.00
	35	Add line 33 and line 34	● 35	254	.00

Special Credits	40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions	● 40		.00
	43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount	● 43		.00
	44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount	● 44		.00
	45	To claim more than two credits, see instructions. Attach Schedule P (540).	● 45		.00
	46	Nonrefundable renter's credit. See instructions	● 46	60	.00
	47	Add line 40 through line 46. These are your total credits	● 47	60	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	194	.00	

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540)	● 61		.00
	62	Mental Health Services Tax. See instructions	● 62		.00
	63	Other taxes and credit recapture. See instructions	● 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	● 64	194	.00

Your name: H A R I N A R T H I N I

Your SSN or ITIN: 899-12-0055

Payments	71	California income tax withheld. See instructions . . . . .	● 71	592	.00
	72	2017 CA estimated tax and other payments. See instructions . . . . .	● 72		.00
	73	Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions . . . . .	● 74		.00
	75	Earned Income Tax Credit (EITC) . . . . .	● 75		.00
	76	Add lines 71 through 75. These are your total payments. See instructions . . . . .	⊙ 76	592	.00

Use Tax	91	<b>Use Tax.</b> Do not leave blank. See instructions. . . . .	● 91	0	.00
	If line 91 is zero, check if:				
	<input checked="" type="checkbox"/>	No use tax is owed.			
	<input type="checkbox"/>	You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 76 is more than line 91, subtract line 91 from line 76 . . . . .	⊙ 92	592	.00
	93	<b>Use Tax balance.</b> If line 91 is more than line 76, subtract line 76 from line 91 . . . . .	⊙ 93		.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 . . . . .	⊙ 94	398	.00
	95	Amount of line 94 you want applied to your <b>2018</b> estimated tax . . . . .	● 95	0	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94. . . . .	● 96	398	.00
	97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97		.00

Your name:

Your SSN or ITIN:

		<b>Code</b>	<b>Amount</b>
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text" value=""/> .00
	Alzheimer's Disease/Related Disorders Fund . . . . .	● 401	<input type="text" value=""/> .00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text" value=""/> .00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text" value=""/> .00
	California Firefighters' Memorial Fund . . . . .	● 406	<input type="text" value=""/> .00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text" value=""/> .00
	California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text" value=""/> .00
	California Sea Otter Fund . . . . .	● 410	<input type="text" value=""/> .00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text" value=""/> .00
	School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text" value=""/> .00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text" value=""/> .00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text" value=""/> .00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text" value=""/> .00
	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	● 430	<input type="text" value=""/> .00
	Prevention of Animal Homelessness and Cruelty Fund . . . . .	● 431	<input type="text" value=""/> .00
	Revive the Salton Sea Fund . . . . .	● 432	<input type="text" value=""/> .00
	California Domestic Violence Victims Fund . . . . .	● 433	<input type="text" value=""/> .00
	Special Olympics Fund . . . . .	● 434	<input type="text" value=""/> .00
	Type 1 Diabetes Research Fund . . . . .	● 435	<input type="text" value=""/> .00
	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	● 436	<input type="text" value=""/> .00
Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	● 437	<input type="text" value=""/> .00	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text" value=""/> .00	
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text" value=""/> .00	
Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text" value=""/> .00	
<b>110</b> Add code 400 through code 440. This is your total contribution . . . . .	● 110	<input type="text" value=""/> .00	

Your name: H A R I N A R T H I N I

Your SSN or ITIN: 899-12-0055

111 AMOUNT YOU OWE. If you do not have an amount on line 96, add line 93, line 97, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD
PO BOX 942867

SACRAMENTO CA 94267-0001 111 .00

Pay online - Go to ftb.ca.gov/pay for more information.

Amount You Owe

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment. 114 .00

Interest and Penalties

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 96. See instructions.

Mail to: FRANCHISE TAX BOARD
PO BOX 942840

SACRAMENTO CA 94240-0001 115 398.00

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 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

116 Direct deposit amount

3 2 1 1 7 1 1 8 4

Savings

4 2 0 1 8 2 1 4 7 1 0

398.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type

Routing number

Checking

Account number

117 Direct deposit amount

Savings

.00

Refund and Direct Deposit

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax 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)

Sign Here

Your email address. Enter only one email address.

Preferred phone number

( ) -

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

APPANA RUPA VENKATA SATYA SAI MANI KUMAR

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

GLOBAL TAXES LLC

PTIN

P 0 2 0 9 0 3 3 2

Firm's address

2530 PEBBLE CREEK LN CUMMING GA 30041

FEIN

3 0 1 0 1 7 1 9 6

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

Joint tax return? (See instructions)

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

( )

# Nonrefundable Renter's Credit Qualification Record



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

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

<p><b>1. Were you a resident of California for the entire year in 2017?</b>                  Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse/RDP may claim this credit if he or she was a resident during 2017, and is otherwise qualified.  <b>YES.</b> Go to question 2. <input checked="" type="checkbox"/> <b>NO.</b> Stop. File the Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return. See "Order Forms and Publications."</p>
<p><b>2. Is your California adjusted gross income the amount on line 17:</b>                  • \$40,078 or less if single or married/RDP filing separately; or                  • \$80,156 or less if married/RDP filing jointly, head of household, or qualifying widow(er)?  <b>YES.</b> Go to question 3. <input checked="" type="checkbox"/> <b>NO.</b> Stop here. You do not qualify for this credit.</p>
<p><b>3. Did you pay rent, for at least half of 2017, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?</b>  <b>YES.</b> Go to question 4. <input checked="" type="checkbox"/> <b>NO.</b> Stop here. You do not qualify for this credit.</p>
<p><b>4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2017?</b>  <b>NO.</b> Go to question 6. <input checked="" type="checkbox"/> <b>YES.</b> Go to question 5.</p>
<p><b>5. For more than half the year in 2017, did you live in the home of the person who can claim you as a dependent?</b>  <b>NO.</b> Go to question 6. <input checked="" type="checkbox"/> <b>YES.</b> Stop here. You do not qualify for this credit.</p>
<p><b>6. Was the property you rented exempt from property tax in 2017?</b>                  You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.  <b>NO.</b> Go to question 7. <input checked="" type="checkbox"/> <b>YES.</b> Stop here. You do not qualify for this credit.</p>
<p><b>7. Did you claim the homeowner's property tax exemption anytime during 2017?</b>                  You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.  <b>NO.</b> Go to question 8. <input checked="" type="checkbox"/> <b>YES.</b> If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.</p>
<p><b>8. Were you single in 2017?</b>  <b>YES.</b> Go to question 11. <input checked="" type="checkbox"/> <b>NO.</b> Go to question 9.</p>
<p><b>9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2017?</b>                  You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.  <b>NO.</b> Go to question 11. <input checked="" type="checkbox"/> <b>YES.</b> If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.</p>
<p><b>10. Did you and your spouse/RDP maintain separate residences for the entire year in 2017?</b>  <b>YES.</b> Go to question 11. <input checked="" type="checkbox"/> <b>NO.</b> Stop here. You do not qualify for this credit.</p>
<p><b>11. If you are:</b>                  • Single, enter \$60 on line 46.                  • Head of household or qualifying widow(er), enter \$120 on line 46.                  • Married/RDP filing separately: if you and your spouse/RDP lived in the same rental property and both qualify for this credit, one spouse/RDP may claim the full amount of the credit (\$120), or each spouse/RDP may claim half the amount (\$60 each). If you and your spouse/RDP lived apart for the entire year and you qualify for this credit, you may claim half the amount of the credit (\$60). Enter your credit amount on line 46.                  • Married/RDP filing jointly, enter \$120 on line 46. (Exception: If one spouse/RDP claimed the homeowner's tax exemption and you lived apart from your spouse/RDP for the entire year, enter \$60 on line 46.)</p>

60.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2017, which qualified you for this credit.

<b>Street Address</b>	<b>City, State, and ZIP Code</b>	<b>Dates Rented in 2017 (From _____ to _____)</b>
a _____		
b _____		
Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.		
<b>Name</b>	<b>Street Address</b>	<b>City, State, ZIP Code, and Telephone Number</b>
a _____		
b _____		

# California Information Worksheet

2017

▶ Keep for your records

## Part I — Personal Information

**Taxpayer:**

Last Name . . . . . Harinarthini  
 First Name . . . . . Naresh Kumar  
 Middle Initial . . . . .          Suffix . . . . .           
 Social Security No. . . . . 899-12-0055  
 Date of Birth . . . . . 01/16/1992 (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . . 25  
 Date of Death . . . . .          (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . .          Ext           
 Home phone . . . . .         

**Spouse/RDP:**

Last name (if different) . . . . .           
 First Name . . . . .           
 Middle Initial . . . . .          Suffix . . . . .           
 Social Security No. . . . .           
 Date of Birth . . . . .          (mm/dd/yyyy)  
 or age as of 1-1-2018 . . . . .           
 Date of Death . . . . .          (mm/dd/yyyy)  
 Legally blind . . . . .   
 Work Phone . . . . .          Ext         

Check to print phone number on Form 540. . . . .  Home  Taxpayer work  Spouse/RDP work  
 Check to print email address on Form 540, 540NR or 540X . . . . .  Taxpayer  Spouse

c/o Address . . . . .           
 Street Address . . . . . 38725 Lexington St  
 Unit Description . . . . . APT Unit Number 206 Private Mailbox (PMB) . . . . .           
 City . . . . . FREMONT State . . . . . CA ZIP Code . . . . . 94536  
 Foreign province/country          Foreign postal code           
 Foreign country . . . . .         

**Military Filers:**

APO  FPO  
 For Military Extension:  
 Military indicator . . ▶ Taxpayer          Spouse/RDP         

## Part II — Main Form

Form 540: Resident Income Tax Return . . . . . ▶  
 Form 540NR: Nonresident or Part-Year Resident Income Tax Return . . . . . ▶  
 Enter the state of residence as of December 31, 2017 . . . . . CA  
 Resident entire year  
 Resident part of year  
 Date taxpayer established residence in state above . . . . .           
 In which state (or foreign country) did taxpayer reside before this change? . . . . .           
**QuickZoom** to enter Part-Year and Nonresident income allocations on Schedule CA(NR) . . ▶         

## Part III — Filing Status

Single  
 Married/RDP filing joint return  
 Married/RDP filing separate return  
 Taxpayer **did not** live with spouse at any time during the year  
**Yes No**  
  If filing electronically, is spouse a CA Nonresident?  
  If filing electronically, is spouse Active Duty Military?  
 Head of household (with qualifying person) **Stop.** See instructions.  
 If the 'qualifying person' is child but **not** dependent:  
 Child's name . . . . .           
 Child's social security number . . . . .           
 Qualifying widow(er)  
 Year spouse/RDP died . .  2015  2016  
 Check the box if your California filing status is different from your federal filing status.

## Part IV — Dependent Information

First Name	I	Last Name	Social Security Number	Relationship



Part V – Standard Deduction/Itemized Deductions

- Calculate California itemized deductions even if itemized deductions are less than the standard deduction
The taxpayer is married filing separately and the spouse itemized deductions
Take the standard deduction even if less than itemized deductions

Part VI – Other Information

Prior Name:

If your client(s) filed their 2016 return under a different last name, enter the last name only from the 2016 return Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer Spouse
Someone (such as a parent) can claim taxpayer and/or spouse/RDP as a dependent

Interest and Penalties:

Returns filed late: Enter interest, late return and late payment penalties

Farmers and Fishermen:

- At least two-thirds of client's 2016 or 2017 gross income is from farming or fishing
Return will be filed and tax due will be paid by March 1, 2018

Mandatory Electronic Payments

- Client is required to make California tax payments electronically
A waiver is or will be in effect for the current year
Force print all payment vouchers even if required to pay electronically

Schedule W-2:

You do not want to complete Schedule W-2 (see on-line help)

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Executor type (if filing electronically)

Third Party Designee:

Yes No
Do you want to allow another person to discuss this return with the Franchise Tax Board?
If yes, enter the person's name Telephone
First Middle init Last Name Suffix

Disasters:

Claiming a disaster loss (see FTB Publication 1034)
QuickZoom to enter disaster explanation

Outside of the USA:

Taxpayer was living or traveling outside the United States on April 17, 2018

Special Condition Text (prints at the top of Form 540 or 540NR)

Part VII – Electronic Filing Information

File the California return electronically

Electronic PDF Attachments

PDF's that you have selected to attach to your state e-file return are listed below.

Table with 2 columns: Description, Filename

Enter the date return was EFiled
Date return was accepted by the state
Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet

**Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information**

<b>Yes</b>	<b>No</b>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Direct deposit your client's <b>state tax refund</b> ?
<input type="checkbox"/>	<input type="checkbox"/>	Use <b>electronic funds withdrawal</b> for your client's <b>state balance due</b> (EF only)?

**Bank Information** (If you selected direct deposit or electronic funds withdrawal):

Name of Financial Institution (optional) . . . . . CITI BANK

Account type . . . . . Checking .  Savings .

Routing number . . . . . 321171184

Account number . . . . . 42018214710

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

Total refund available . . . . . 398.

Amount to be deposited in first account . . . . . \_\_\_\_\_

Amount to be deposited in second account . . . . . \_\_\_\_\_

Name of Financial Institution (optional) . . . . . \_\_\_\_\_

Account type . . . . . Checking .  Savings .

Routing number . . . . . \_\_\_\_\_

Account number . . . . . \_\_\_\_\_

Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125 . . . . . \_\_\_\_\_

**Enter the following information only if your client requests electronic funds withdrawal of balance due:**

Enter the payment date to withdraw from the account above . . . . . \_\_\_\_\_

State balance-due amount from this return . . . . . \_\_\_\_\_

Enter an amount to withdraw from the account above . . . . . \_\_\_\_\_

If partial payment is made, the remaining balance due . . . . . \_\_\_\_\_

**International ACH Transactions**

<b>Yes</b>	<b>No</b>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

**Part IX – California Contributions**

1	California Seniors Special Fund (Taxpayer) . . . . .	1	
2	California Seniors Special Fund (Spouse/RDP) . . . . .	2	
3	Alzheimer's Disease and Related Disorders Fund . . . . .	3	
4	Rare and Endangered Species Preservation Program . . . . .	4	
5	California Breast Cancer Research Fund . . . . .	5	
6	California Firefighters' Memorial Fund . . . . .	6	
7	Emergency Food For Families Fund . . . . .	7	
8	California Peace Officer Memorial Foundation Fund . . . . .	8	
9	California Sea Otter Fund . . . . .	9	
10	California Cancer Research Fund . . . . .	10	
11	School Supplies for Homeless Children Fund . . . . .	11	
12	State Parks Protection Fund/Parks Pass Purchase . . . . .	12	
13	Protect Our Coast and Oceans Fund . . . . .	13	
14	Keep Arts in Schools Fund . . . . .	14	
15	State Children's Trust Fund for the Prevention of Child Abuse . . . . .	15	
16	Prevention of Animal Homelessness & Cruelty Fund . . . . .	16	
17	Revive the Salton Sea Fund . . . . .	17	
18	California Domestic Violence Victims Fund . . . . .	18	
19	Special Olympics Fund . . . . .	19	
20	Type 1 Diabetes Research Fund . . . . .	20	
21	California YMCA Youth and Government Voluntary Tax Contribution Fund . . . . .	21	
22	Habitat for Humanity Voluntary Tax Contribution Fund . . . . .	22	
23	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	23	
24	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	24	
25	Rape Backlog Kit Voluntary Tax Contribution Fund . . . . .	25	

**Part X – Preparer Information**

Enter preparer Code from Firm/Preparer Info . . . 1

If not signing as preparer, have following printed instead of firm information:

- "Self-Prepared"
- "Non-Paid Preparer"

**Part XI – Extension Status**

**Yes** **No**  
  Have your clients filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" or extended the federal tax return?

If Yes, enter the extended due date . . . . . \_\_\_\_\_

**QuickZoom** to Form 3519: Payment voucher for automatic extension . . . . . ▶ \_\_\_\_\_

File Extension Payment electronically?

Filing and acceptance information (*Electronic Filing Only*):

Extension accepted?  
 Extension filing date . . . . . \_\_\_\_\_  
 Extension acceptance date . . . . . \_\_\_\_\_

**Electronic funds withdrawal amount due with extension information (Electronic Filing Only)**

**Yes** **No** \*Note Payment is required for electronic filing  
  Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above . . . . . \_\_\_\_\_  
 State balance-due amount paid with this extension (Form 3519) . . . . . \_\_\_\_\_

**Automatic extension information for military filers (Electronic Filing Only):**

	<b>Taxpayer</b>	<b>Spouse</b>
Date deployed overseas or entered combat zone/QHDA . . . . .	_____	_____
Date returned from overseas or entered combat zone/QHDA . . . . .	_____	_____
Combat zone/QHDA Operation or Area Served . . . . .	_____	_____

**QuickZoom** to Form 540 . . . . . ▶ \_\_\_\_\_

**QuickZoom** to Form 540NR. . . . . ▶ \_\_\_\_\_

# Tax Payments Worksheet

**2017**

▶ Keep for your records

Name Naresh Kumar Harinarthini	Social Security Number 899-12-0055
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## Tax Payments for the Current Year

		State	
		Date	Payment
1	First Payment . . . . .		
2	Second Payment . . . . .		
3	Third Payment . . . . .		
4	Fourth Payment . . . . .		
<b>Additional Payments</b>			
5	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
	Payment . . . . .		
6	Overpayment from previous year applied to current year . . . . .	6	
7	Amount paid with current year extension . . . . .	7	
8	<b>Total tax payments</b> . . . . .	8	

## Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2 . . . . .	9	592.
10	State withholding on Forms W-2G . . . . .	10	
11	State withholding on Forms 1099-R . . . . .	11	
12 a	State withholding on Forms 1099-MISC . . . . .	12 a	
b	State withholding on Forms 1099-G . . . . .	b	
c	State withholding on Forms 1099-K . . . . .	c	
13	Other state tax withholding . . . . .	13	
14	<b>Total income tax withheld</b> . . . . .	14	592.
15	Date return will be filed and balance paid . . . . .	15	

# Credits Worksheet

**2017**

▶ Keep for your records

Name Naresh Kumar Harinarthini	Social Security Number 899-12-0055
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Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531 . . . . .		
223	Motion Picture and Television Production, FTB 3541 . . . . .		
197	Child Adoption . . . . .		
232	Child and Dependent Care Expenses Credit, FTB 3506 . . . . .		
235	College Access, FTB 3592 . . . . .		
173	Dependent Parent . . . . .		
205	Disabled Access for Eligible Small Businesses, FTB 3548 . . . . .		
204	Donated Agricultural Products Transportation, FTB 3547 . . . . .		
203	Enhanced Oil Recovery, FTB 3546 . . . . .		
176	Enterprise Zone Hiring, FTB 3805Z . . . . .		
218	Environmental Tax, FTB 3511 . . . . .		
170	Joint Custody Head of Household . . . . .		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807 . . . . .		
172	Low-Income Housing, FTB 3521 . . . . .		
211	Manufacturing Enhancement Area Hiring, FTB 3808 . . . . .		
213	Natural Heritage Preservation, FTB 3503 . . . . .		
237	New California Motion Picture and Television Production, FTB 3541 . . . . .		
238	New Donated Fresh Fruits or Vegetables, FTB 3814 . . . . .		
234	New Employment, FTB 3554 . . . . .		
None	Nonrefundable Renter's Credit . . . . .		60.
187	Other State Tax, Schedule S . . . . .		
188	Prior Year Alternative Minimum Tax, FTB 3510 . . . . .		
162	Prison Inmate Labor, FTB 3507 . . . . .		
183	Research, FTB 3523 . . . . .		
163	Senior Head of Household . . . . .		
210	Targeted Tax Area Hiring, FTB 3809 . . . . .		
<b>Repealed Credits with Carryover Provision – FTB 3540</b>			
175	Agricultural Products . . . . .		
196	Commercial Solar Electric System . . . . .		
181	Commercial Solar Energy . . . . .		
209	Community Development Financial Institutions Investment . . . . .		
224	Donated Fresh Fruits or Vegetables Credit, FTB 3811 . . . . .		
194	Employee Ridesharing . . . . .		
190	Employer Childcare Contribution . . . . .		
189	Employer Childcare Program . . . . .		
191	Employer Ridesharing (Large Employer) . . . . .		
192	Employer Ridesharing (Small Employer) . . . . .		
193	Employer Ridesharing (Public Transit Passes) . . . . .		
182	Energy Conservation . . . . .		
176	Enterprise Zone Sales or Use Tax, FTB 3805Z . . . . .		
207	Farmworker Housing . . . . .		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807 . . . . .		
160	Low-Emission Vehicles . . . . .		
220	New Jobs . . . . .		
185	Orphan Drug . . . . .		
184	Political Contributions . . . . .		
174	Recycling Equipment . . . . .		
186	Residential Rental and Farm Sales . . . . .		
206	Rice Straw . . . . .		
171	Ridesharing . . . . .		
200	Salmon and Steelhead Trout Habitat Restoration . . . . .		
180	Solar Energy . . . . .		
179	Solar Pump . . . . .		
210	Targeted Tax Area Sales or Use Tax . . . . .		
178	Water Conservation . . . . .		
161	Young Infant . . . . .		

# California Electronic Filing Information Worksheet

**2017**

▶ Keep for your records

Name as Shown on Return <u>Naresh Kumar Harinarthini</u>	Social Security Number <u>899-12-0055</u>
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## Electronic Return Originator Information

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

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number	
Name <u>GLOBAL TAXES LLC</u>	Phone Number <u>(678)965-9729</u>	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Employer Identification Number <u>30-1017196</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	E-mail Address <u>kumar@gtaxfile.com</u>	

## Paid Preparer Information

Firm Name <u>GLOBAL TAXES LLC</u>	Social Security Number/Preparer Tax ID Number <u>P02090332</u>	
Name <u>APPANA RUPA VENKATA SATYA SAI MANI KUMAR</u>	Employer Identification Number <u>30-1017196</u>	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Phone Number <u>(678)965-9729</u>	
City <u>Cumming</u>	State <u>GA</u>	Zip Code <u>30041</u>
Country	E-mail Address <u>kumar@gtaxfile.com</u>	

## Electronic Filing Review Check

		Yes	No
1 Are there more than fifty W-2s, or twenty 1099-Rs? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
2 Are there more than ten copies of Form 3803 or ten copies of Form 3805E? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
3 Are there more than twenty five copies of Schedule S? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
4 Is this an amended return, or is there an amended Form 3805P attached? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
5 Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
6 Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
7 Are any invalid entries made on Form 3805V page 3, part III? (See help) . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
8 Are there more than 97 detail lines on forms to be filed? (See help) . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
9 Is this a fiscal year filer? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
10 Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
11 Is the Federal filing status married filing joint and the California filing status married filing separate? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
12 Is Federal Form 4852 (substitute W2) being used? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
13 Check that you have the correct selections for the RDP return? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
14 On the 3506, are there any foreign care providers? . . . . .	▶ <input type="checkbox"/>		<input checked="" type="checkbox"/>
15 Is Direct Debit selected and no balance due on the return? . . . . .	▶ <input type="checkbox"/>		<input type="checkbox"/>

# Smart Worksheets from your 2017 California Tax Return

SMART WORKSHEET FOR: Form 8453: E-File Return Authorization

<b>Additional Information Smart Worksheet</b>	
<b>A</b>	Date this return was E-Filed . . . . . ▶ _____
<b>B</b>	Date return was accepted by the state . . . . . ▶ _____
<b>C</b>	Documents to attach to the FRONT of Form 8453: Form W-2 (Copy 2) _____ _____ _____ _____
<b>D</b>	<b>Retain Form 8453 and all attachments for a period of four years DO NOT MAIL TO STATE AUTHORITIES</b>

SMART WORKSHEET FOR: Form 540: California Resident Income Tax Return

<b>Form 540 California Income Tax Withheld Smart Worksheet</b>	
<b>A</b>	California income tax withheld from the Tax Payments Worksheet . . . . . <u>592.</u>
<b>B</b>	Real estate and other withholding from Form(s) 592-B and 593 entered on the federal Tax Payments Worksheet and included on line A . . . . . _____ <b>Note:</b> Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.
<b>C</b>	California income tax withheld for line 71. Subtract line B from line A . . . . . <u>592.</u>