

TAXABLE YEAR

FORM

2018

California e-file Signature Authorization for Individuals

8879

Your name MONALISA DAS	Your SSN or ITIN 179-53-5610
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California Adjusted Gross Income. See instructions	1	38,156.
2 Amount You Owe. See instructions	2	
3 Refund or No Amount Due. See instructions	3	999.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of 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 true, correct, and complete. I further 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 or individual 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 authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the 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 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 for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter my PIN

3	5	6	1	0
---	---	---	---	---

 as my signature on my 2018 e-filed California individual income tax return. **Do not enter all zeros**
- 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 Date

Spouse's/RDP's PIN: check one box only

- I authorize to enter my PIN

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 as my signature on my 2018 e-filed California individual income tax return. **Do not enter all zeros**
- 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 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	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

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.

ERO's signature Date

2018 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

179-53-5610 DAS
MONALISA DAS

18

1001 S MAIN STREET APT Q307
MILPITAS CA 95035

01-24-1992

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

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). Enter year spouse/RDP died

See instructions.

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 \$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 = \$

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 \$367 = \$

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

Your name:

Your SSN or ITIN:

Taxable Income

12 State wages from your Form(s) W-2, box 16. ● 12 .00

13 Enter federal adjusted gross income from Form 1040, line 7. ● 13 .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 .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 .00

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. \$4,401
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$8,802
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions . . . ● 18 .00

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

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 . . . ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$194,504, see instructions . . . ● 32 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . ● 33 .00

34 Tax. See instructions. Check the box if from: ● Schedule G-1 ● FTB 5870A. . . ● 34 .00

35 Add line 33 and line 34 . . . ● 35 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . ● 40 .00

43 Enter credit name code ● and amount . . . ● 43 .00

44 Enter credit name code ● 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 .00

47 Add line 40 through line 46. These are your total credits. . . ● 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- . . . ● 48 .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 .00

Your name: D A S

Your SSN or ITIN: 179-53-5610

Payments			
71	California income tax withheld. See instructions ● 71	<u>1719</u>	<u>.00</u>
72	2018 CA estimated tax and other payments. See instructions ● 72		<u>.00</u>
73	Withholding (Form 592-B and/or 593). See instructions ● 73		<u>.00</u>
74	Excess SDI (or VPD) withheld. See instructions ● 74		<u>.00</u>
75	Earned Income Tax Credit (EITC) ● 75		<u>.00</u>
76	Add lines 71 through 75. These are your total payments. See instructions ● 76	<u>1719</u>	<u>.00</u>

Use Tax			
91	Use Tax. Do not leave blank. See instructions ● 91	<u>0</u>	<u>.00</u>
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	<u>1719</u>	<u>.00</u>
93	Use Tax balance. If line 91 is more than line 76, subtract line 76 from line 91 ● 93		<u>.00</u>
94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92 ● 94	<u>999</u>	<u>.00</u>
95	Amount of line 94 you want applied to your 2019 estimated tax ● 95	<u>0</u>	<u>.00</u>
96	Overpaid tax available this year. Subtract line 95 from line 94 ● 96	<u>999</u>	<u>.00</u>
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 ● 97		<u>.00</u>

Contributions		Code	Amount
California Seniors Special Fund. See instructions ● 400			<u>.00</u>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● 401			<u>.00</u>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● 403			<u>.00</u>

Your name:

Your SSN or ITIN:

	<u>Code</u>	<u>Amount</u>
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
110 Add code 400 through code 443. This is your total contribution	● 110	<input type="text"/> .00

Contributions

Your name:

Your SSN or ITIN:

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

Interest and Penalties

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

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** 999.00

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

Savings

999.00

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**)

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

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

● PTIN

Joint tax return? (See instructions)

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

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 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>1. Were you a resident of California for the entire year in 2018? 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 2018, and is otherwise qualified. YES. Go to question 2. <input checked="" type="checkbox"/> NO. Stop. File the Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return. See "Order Forms and Publications."</p>
<p>2. Is your California adjusted gross income the amount on line 17: • \$41,641 or less if single or married/RDP filing separately; or • \$83,282 or less if married/RDP filing jointly, head of household, or qualifying widow(er)? YES. Go to question 3. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p>
<p>3. Did you pay rent, for at least half of 2018, on property (including a mobile home that you owned on rented land) in California, which was your principal residence? YES. Go to question 4. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p>
<p>4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2018? NO. Go to question 6. <input checked="" type="checkbox"/> YES. Go to question 5.</p>
<p>5. For more than half the year in 2018, did you live in the home of the person who can claim you as a dependent? NO. Go to question 6. <input checked="" type="checkbox"/> YES. Stop here. You do not qualify for this credit.</p>
<p>6. Was the property you rented exempt from property tax in 2018? 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. NO. Go to question 7. <input checked="" type="checkbox"/> YES. Stop here. You do not qualify for this credit.</p>
<p>7. Did you claim the homeowner's property tax exemption anytime during 2018? 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. NO. Go to question 8. <input checked="" type="checkbox"/> YES. 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>8. Were you single in 2018? YES. Go to question 11. <input checked="" type="checkbox"/> NO. Go to question 9.</p>
<p>9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2018? 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. NO. Go to question 11. <input checked="" type="checkbox"/> YES. 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>10. Did you and your spouse/RDP maintain separate residences for the entire year in 2018? YES. Go to question 11. <input checked="" type="checkbox"/> NO. Stop here. You do not qualify for this credit.</p>
<p>11. If you are: • 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 2018, which qualified you for this credit.

Street Address	City, State, and ZIP Code	Dates Rented in 2018 (From _____ to _____)
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.		
Name	Street Address	City, State, ZIP Code, and Telephone Number
a _____		
b _____		

Part I - Personal Information

Taxpayer: Last Name DAS
First Name MONALISA
Middle Initial Suffix
Social Security No. 179-53-5610
Date of Birth 01/24/1992 (mm/dd/yyyy)
or age as of 1-1-2019 26
Date of Death (mm/dd/yyyy)
Legally blind
Work Phone (408) 508-4936 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 1-1-2019
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 1001 S MAIN STREET
Unit Description APT Unit Number Q307 Private Mailbox (PMB) .
City MILPITAS State CA ZIP Code 95035
Foreign province/county Foreign postal code
Foreign country

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

Part II - Main Form

X Form 540: Resident Income Tax Return
Form 540NR: Nonresident or Part-Year Resident Income Tax Return
Enter the state of residence as of December 31, 2018 CA
X 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

X Single
Married/RDP filing joint return
Married/RDP filing separate return
Taxpayer did not live with spouse at any time during the year
Yes No
If filing electronically, is spouse a CA Nonresident?
If filing electronically, is spouse Active Duty Military?
Head of household (with qualifying person) Stop. See instructions.
If the 'qualifying person' is child but not dependent:
Child's name
Child's social security number
Qualifying widow(er)
Year spouse/RDP died . . . 2016 2017
If the 'qualifying person' is your child but not your dependent:
Child's First name Last Name
Check the box if your California filing status is different from your federal filing status.

Part IV - Dependent Information

Table with 5 columns: First Name, I, Last Name, Social Security Number, Relationship. It contains several empty rows for data entry.

Part V – Standard Deduction/Itemized Deductions

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

Part VI – Other Information

Prior Name:

If your client(s) filed their 2017 return under a different last name, enter the last name **only** from the 2017 return ▶ Taxpayer Spouse/RDP

Dependent of Someone Else:

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

Interest and Penalties:

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

Farmers and Fishermen:

- At least two-thirds of client's 2017 or 2018 gross income is from farming or fishing
- Return will be filed and tax due will be paid by March 1, 2019

Mandatory Electronic Payments

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

Schedule W-2:

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

Executor/Guardian Information:

First Name MI Last Name Suf.
Executor/Guardian
Surviving Spouse Indicator Check this box instead of entering the Spouse/RDP name above
Executor type (if filing electronically)

Third Party Designee:

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

Disasters:

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

Outside of the USA:

- Taxpayer was living or traveling outside the United States on April 17, 2019

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

Part VII – Electronic Filing Information

- File the California return electronically

Electronic PDF Attachments

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

Description	Filename

Enter the date return was EFiled

Date return was accepted by the state

Enter the date Form 3582 was given to client

QuickZoom to Form 8453 Additional Information Smart Worksheet ▶

Part VIII – Direct Deposit Information or Electronic Funds Withdrawal Information

Yes No

Direct deposit your client's state tax refund?

Use electronic funds withdrawal for your client's state balance due (EF only)?

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

Name of Financial Institution (optional) CHASE BANK
Account type Checking [X] Savings []
Routing number 322271627
Account number 621503551

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

Total refund available 999
Amount to be deposited in first account
Amount to be deposited in second account
Name of Financial Institution (optional)
Account type Checking [] Savings []
Routing number
Account number
Total amount to be directly deposited. The total must equal the amount shown on Form 540, line 115 or Form 540NR, line 125

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

Enter the payment date to withdraw from the account above
State balance-due amount from this return
Enter an amount to withdraw from the account above
If partial payment is made, the remaining balance due

International ACH Transactions

Yes No

Will the funds for this refund (or payment) go to (or come from) an account outside the U.S.?

Part IX – California Contributions

Table with 3 columns: Line number (1-28), Contribution name, and a blank column for input.

Part X – Preparer Information

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

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

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

Part XI – Extension Status

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

If Yes, enter the extended due date _____

QuickZoom to Form 3519: Payment voucher for automatic extension ▶ _____

File Extension Payment electronically?

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

Extension accepted?

Extension filing date _____

Extension acceptance date _____

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

Yes **No** *Note Payment is required for electronic filing

Use electronic funds withdrawal of California extension tax payment?

Enter settlement date to withdraw the extension amount from the account above _____

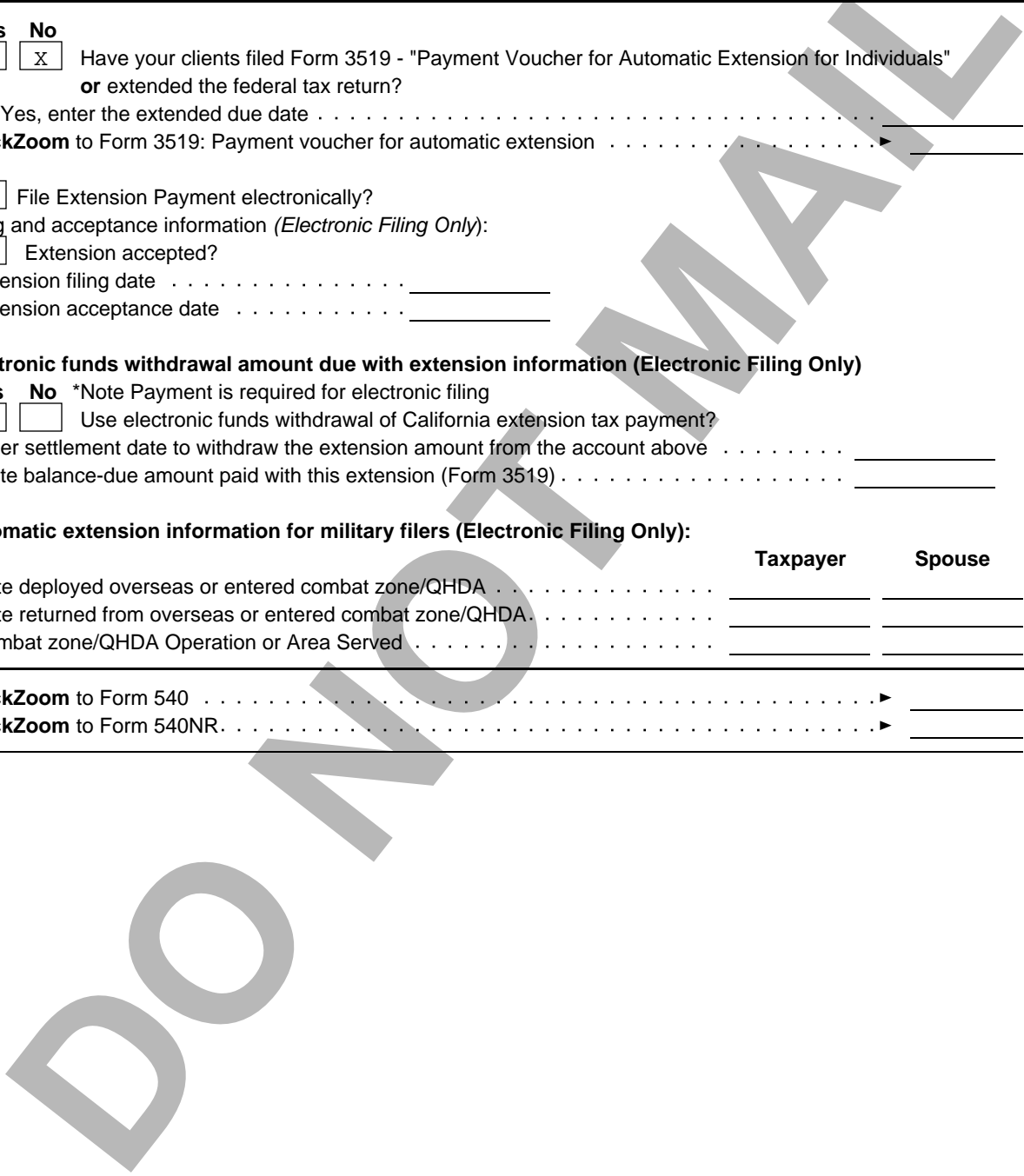
State balance-due amount paid with this extension (Form 3519) _____

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

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

QuickZoom to Form 540 ▶ _____

QuickZoom to Form 540NR. ▶ _____



Tax Payments Worksheet

2018

▶ Keep for your records

Name MONALISA DAS	Social Security Number 179-53-5610
----------------------	---------------------------------------

Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

9	State withholding on Forms W-2	9	1,719.
10	State withholding on Forms W-2G	10	
11	State withholding on Forms 1099-R	11	
12 a	State withholding on Forms 1099-MISC	12 a	
b	State withholding on Forms 1099-G	b	
c	State withholding on Forms 1099-K	c	
13	Other state tax withholding	13	
14	Total income tax withheld	14	1,719.
15	Date return will be filed and balance paid	15	

Credits Worksheet

2018

▶ Keep for your records

Name MONALISA DAS	Social Security Number 179-53-5610
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Code	Current Credits	Carryover Amount	Available Credit
233	California Competes, FTB 3531		
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		
170	Joint Custody Head of Household		
198	Local Agency Military Base Recovery Area Hiring, FTB 3807		
172	Low-Income Housing, FTB 3521		
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		
Repealed Credits with Carryover Provision – FTB 3540			
175	Agricultural Products		
223	Motion Picture and Television Production, FTB 3541		
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		
218	Environmental Tax, FTB 3511		
207	Farmworker Housing		
198	Local Agency Military Base Recovery Area Sales or Use Tax, 3807		
160	Low-Emission Vehicles		
211	Manufacturing Enhancement Area Hiring, FTB 3808		
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 Hiring, FTB 3809		
210	Targeted Tax Area Sales or Use Tax		
178	Water Conservation		
161	Young Infant		

California Electronic Filing Information Worksheet

2018

▶ Keep for your records

Name as Shown on Return <u>MONALISA DAS</u>	Social Security Number <u>179-53-5610</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 <u>P02090332</u>	
Name <u>GLOBAL TAXES LLC</u>	Phone Number	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	EFIN <u>587278</u>	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>ARVSSMANIKUMAR</u>	Employer Identification Number <u>30-1017196</u>	Fax Number
Address <u>2530 Pebble Creek Ln</u>	Phone Number	
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 If any of the questions below are checked yes, the return may not be filed electronically			
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"/>

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

Name
MONALISA DAS

SSN or FEIN
179-53-5610

A – Practitioner PIN Authorization

By checking this box you are electing to file Form 8879 for this return (Practitioner PIN)
By checking this box you are electing to file Form 8453 for this return.

Please indicate how the taxpayer(s) PIN(s) are entered into the program.
Automatically generate a PIN equal to last 5 digits of client's SSN
Taxpayer(s) entered own PIN(s)
Preparer entered PIN(s) on behalf of taxpayer(s)

B – Signature of Electronic Return Originator

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. 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.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in FTB Pub. 1345, 2018 e-file Handbook for Authorized e-file Providers.

I am signing this Tax Return by entering my PIN below.

ERO's PIN (EFIN followed by any 5 numbers) EFIN 587278 Self-Select PIN 61989

C – Signature of Taxpayer/Spouse/RDP

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2018 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and, if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent.

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my *California e-file Payment Record for Individuals* (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of the withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for

the tax liability and all applicable interest and penalties.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic Funds Withdrawal Consent if applicable, is considered signed.

Taxpayer's PIN: 35610 Date: 03/02/19
Spouse's/RDP's PIN: _____

D – Decedent Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain of copy of federal Form 1310, *Statement of Person Claiming Refund Due a Deceased Taxpayer*, or a copy of the death certificate with my copy of this return.

Name of person claiming refund (35 character limit): _____

Date: _____

DO NOT MAIL

Smart Worksheets from your 2018 California Tax Return

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

Form 540 California Income Tax Withheld Smart Worksheet	
A California income tax withheld from the Tax Payments Worksheet	1,719.
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	_____
Note: Make sure that the amount on line B is reported on the federal Tax Payments Worksheet line(s) 18a-c or you will not get the state income tax deduction on your federal Schedule A.	
C California income tax withheld for line 71. Subtract line B from line A	1,719.

SMART WORKSHEET FOR: California Credits Worksheet

Credit Information Smart Worksheet			
Review FTB instructions and check the corresponding box if you qualify for any of the following credits:			
A Credit for Joint Custody Head of Household (Code: 170)			<input type="checkbox"/>
B Credit for Dependent Parent (Code: 173)			<input type="checkbox"/>
C Credit for Senior Head of Household (Code: 163)			<input type="checkbox"/>
D Credit for Adoption Costs (Code: 197):			
Child's Name	Qualifying Costs for Each Child	Credit	Allowable Credit
Total			_____