



First Name Surname TATIANA BELLAGIO
Selected mailing address 221 AYRSHIRE FARM LN APT 205
City STANFORD
State/Province, ZIP/Postal Code CA, 94305
Country UNITED STATES OF AMERICA

Dear TATIANA,

Thank you for preparing your California State tax return via Sprintax tax prep software. Enclosed are two copies of your 2021 California tax return. Please file one copy with the State and retain the second copy for your records. We have attached instructions detailing how to file your tax return with the California State tax office. Please remember to review, sign and date your filing copy on page 5 before mailing.

Tax Summary

<i>Filing status</i>	Single
<i>California adjusted gross income</i>	31619
<i>California taxable income</i>	26816
<i>Amount you owe</i>	374

How much California tax do I owe?

Your return shows a balance due of \$374.

How do I make payment?

If you are paying California State income tax by check or money order, make your check or money order payable to the "Franchise Tax Board" for this amount. Write your SSN or ITIN and "2021 Form 540NR" on the check or money order.

Alternatively, you can pay the balance due electronically. Go to [that link](#) for more information.

How do I file my tax return?

You must post your California tax return with the required documents (see table 2 on page California State Tax return Checklist) to the address below. Your tax return must be received by April 18th . We recommend you mail your return as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to the following address:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO, CA 94267-0001
USA



If you have any questions, please email us at hello@sprintax.com.

Sincerely,
The Sprintax team

DO NOT MAIL
WITH YOUR
RETURN





California Tax Return Checklist

1. Review and sign the following forms where indicated.

Form	Action
540NR	Sign on page 5

2. Attach copies of your Federal tax return and all your income and tax withholding statements showing the US income sources you used to prepare your California tax return.

Supporting Documents	Quantity
Federal Tax return	1
W2	1
1042-S	2

3. Confirm that the SSN on your tax return and all your W-2 forms is correct. If you don't have your W-2 form(s) or if the SSN is incorrect, then you'll need to obtain a valid W-2 form(s) from your employer(s).

4. Mail your California State tax return with all necessary supporting documents and attachments as soon as possible, using the United States Post Office certified mail service or an approved delivery service that will provide proof of your mailing date, to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO, CA 94267-0001
USA**



California Tax Return Frequently Asked Questions

How long will it take to process my California tax return?

The California Tax office will take approximately 4-8 weeks after receiving your return to process your application.

What is the April 18th deadline?

The April 18th tax deadline is the date by which all tax returns must be filed for the previous year. If you owe the California tax office money and you don't file your tax return by April 18th, the California tax authorities will impose late filing penalties and interest on the amount you owe, so the sooner you apply the better. If you need to file an extension to give you more time to file your return, the extension request must also be submitted by the due date. Extension requests only extend your time to file your return, not to pay your taxes. Make sure your estimated tax liability is paid before the deadline to avoid paying any late payment penalties and interest.

What taxes can Sprintax prepare for me?

With Sprintax, you can prepare your Federal, State, FICA tax returns. Once prepared, you must then sign and submit them yourself to the relevant authorities (as detailed in your instruction pack). Sprintax cannot file any returns on your behalf.

Can I use an international tax treaty on my California State tax return?

No. California State does not honor federal tax treaty agreements with foreign countries that the Internal Revenue Service uses.

Could I owe money to the State tax authorities?

Depending on how your employer taxed you and what the actual tax liability under the tax law is, you may owe tax or be due a tax refund. If you have a tax liability or if other particular factors apply, then you have an obligation to file a tax return. Sprintax takes into consideration all of these factors. Remember, if you owe money and don't file your return before the deadline, you'll get penalties and fines added to the amount you owe.



CALIFORNIA STATE TAX RETURN FOR

TATIANA BELLAGIO

2021

DO NOT MAIL
WITH YOUR
RETURN

STATE FILING COPY

SUBMIT TO THE CALIFORNIA TAX OFFICE



2021**California Nonresident or Part-Year Resident Income Tax Return****540NR**
☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2022

Your first name TATIANA	Initial <input type="checkbox"/>	Last name BELLAGIO	Suffix <input type="checkbox"/>	Your SSN or ITIN 391-51-6334	<input type="checkbox"/> A <input type="checkbox"/> R <div style="border: 1px solid black; height: 100px; width: 20px; margin: 0 auto;"></div> RP
If joint tax return, spouse's/RDP's first name <input type="checkbox"/>	Initial <input type="checkbox"/>	Last name <input type="checkbox"/>	Suffix <input type="checkbox"/>	Spouse's/RDP's SSN or ITIN <input type="checkbox"/>	
Additional information (see instructions) <input type="checkbox"/>					
Street address (number and street) or PO box 221 AYRSHIRE FARM LN				Apt. no/ste. no. APT 205	PMB/private mailbox <input type="checkbox"/>
City (If you have a foreign address, see instructions) STANFORD				State CA	ZIP code 94305
Foreign country name <input type="checkbox"/>		Foreign province/state/county <input type="checkbox"/>		Foreign postal code <input type="checkbox"/>	

Date of Birth	●	Your DOB (mm/dd/yyyy) 05/24/1995	●	Spouse's/RDP's DOB (mm/dd/yyyy) <input type="checkbox"/>
Prior Name	●	Your prior name (see instructions) <input type="checkbox"/>	●	Spouse's/RDP's prior name (see instructions) <input type="checkbox"/>

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

Filing Status	1	●	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. <input type="checkbox"/>
	See instructions. <input type="checkbox"/>					
3	●	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="checkbox"/>				

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 number you enter in the box by the pre-printed dollar amount for that line. **Whole dollars only**

Exemptions	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. <input type="checkbox"/> 7	X	\$	129	129
	8	●	Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 <input type="checkbox"/> 8	X	\$	<input type="checkbox"/>	<input type="checkbox"/>
	9	●	Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. <input type="checkbox"/> 9	X	\$	<input type="checkbox"/>	<input type="checkbox"/>
	10	●	Dependents: Do not include yourself or your spouse/RDP.				

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

Total dependent exemptions ☐ 10 X \$400 = ☐ \$ ☐

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

11 Exemption amount: Add line 7 through line 10 ☒ **11 \$** 129

Total Taxable Income

- 12** Total California wages from your federal Form(s) W-2, box 16 ☒ **12** 3393 .00
- 13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ☒ **13** 31619 .00
- 14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ☒ **14** .00
- 15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** 31619 .00
- 16** California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ☒ **16** .00
- 17** Adjusted gross income from all sources. Combine line 15 and line 16 ☒ **17** 31619 .00
- 18** Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions ☒ **18** 4803 .00
- 19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ☒ **19** 26816 .00

CA Taxable Income

- 31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
- ☒ **31** 537 .00
- 32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ☒ **32** 31619 .00
- 35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ☒ **35** 26816 .00
- 36** CA Tax Rate. Divide line 31 by line 19. ☒ **36** 0.0200
- 37** CA Tax Before Exemption Credits. Multiply line 35 by line 36. ☒ **37** 536 .00
- 38** CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ☒ **38** 1.0000
- 39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions ☒ **39** 129 .00
- 40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... ☒ **40** 407 .00
- 41** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A ☒ **41** .00
- 42** Add line 40 and line 41 ☒ **42** 407 .00

Special Credits

- 50** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ☒ **50** .00
- 51** Credit for joint custody head of household. See instructions ☒ **51** .00
- 52** Credit for dependent parent. See instructions. ... ☒ **52** .00
- 53** Credit for senior head of household. See instructions. ☒ **53** .00
- 54** Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ☒ **54** .
- 55** Credit amount. See instructions ☒ **55** .00

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

Special Credits continued

- 58 Enter credit name code and amount. 58 .00
- 59 Enter credit name code and amount. 59 .00
- 60 To claim more than two credits. See instructions. 60 .00
- 61 Nonrefundable Renter's Credit. See instructions 61 .00
- 62 Add line 50 and line 55 through 61. These are your total credits 62 .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0- 63 407 .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR). 71 .00
- 72 Mental Health Services Tax. See instructions 72 .00
- 73 Other taxes and credit recapture. See instructions. 73 .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions 74 .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax 75 407 .00

Payments

- 81 California income tax withheld. See instructions 81 33 .00
- 82 2021 CA estimated tax and other payments. See instructions 82 .00
- 83 Withholding (Form 592-B and/or 593). See instructions 83 .00
- 84 Excess SDI (or VPD) withheld. See instructions 84 .00
- 85 Earned Income Tax Credit (EITC) 85 .00
- 86 Young Child Tax Credit (YCTC). See instructions 86 .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions. 87 .00
- 88 Add line 81 through line 87. These are your total payments. See instructions 88 33 .00

ISR Penalty

- 91 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ☐
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions 91 .00

Overpaid Tax/Tax Due

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,
subtract line 91 from line 88. 92 33 .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
subtract line 88 from line 91. 93 .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. 101 .00
- 102 Amount of line 101 you want applied to your 2022 estimated tax 102 .00

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

- 103** Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
- 104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** 374 .00

Contributions

- | | Code | Amount |
|---|-------|--------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> .00 |
| California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| School Supplies for Homeless Children Voluntary Tax Contribution 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 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <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 Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | <input type="text"/> .00 |
| Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> .00 |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | <input type="text"/> .00 |
| 120 Add code 400 through code 446. This is your total contribution | ● 120 | <input type="text"/> .00 |

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

Amount
You Owe**121 AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● **121**

374

.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****123** Underpayment of estimated tax.

Check the box: ●

☐

FTB 5805 attached

☐FTB 5805F attached ● **123**

374

.00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124****125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **125**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.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

04/16/2022

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

● Your email address. Enter only one email address.

● Preferred phone number

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

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

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

TAXBACK INC

● PTIN

P01474659

Firm's address

333 N. MICHIGAN AVE., STE 915, CHICAGO, IL 60601

● Firm's FEIN

20-1184447

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

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return

TATIANA BELLAGIO

SSN or ITIN

391-51-6334

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.

During 2021:

1 My California (CA) Residency (Check one)

a Myself: ☒ X Nonresident ☐ Part-Year Resident ☐ Resident

b Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> F <input type="radio"/> C
b I was in the military and stationed in (enter two letter code).	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> F <input type="radio"/> C
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> F <input type="radio"/> C
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> F <input type="radio"/> C
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> F <input type="radio"/> C
6 The number of days I spent in CA for any purpose was:	1 1 9	
7 I owned a home/property in CA (enter Y for Yes, N for No)	N	
8 Before 2021: I was a CA resident for the period of		

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input type="radio"/> 3393	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 3393	<input type="radio"/> 3393
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B — Additional Income from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			

		A	B	C	D	E
Section B — Additional Income Continued		Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
8	Other income:					
a	Federal net operating loss 8a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b	Gambling income 8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/> 0
c	Cancellation of debt 8c	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d	Foreign earned income exclusion from federal Form 2555 8d	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e	Taxable Health Savings Account distribution 8e	<input type="radio"/>	<input type="radio"/>			
f	Alaska Permanent Fund dividends . . 8f	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
g	Jury duty pay 8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h	Prizes and awards 8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i	Activity not engaged in for profit income 8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j	Stock options 8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8k	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
l	Olympic and Paralympic medals and USOC prize money 8l	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m	IRC Section 951(a) inclusion 8m	<input type="radio"/>	<input type="radio"/>			
n	IRC Section 951A(a) inclusion 8n	<input type="radio"/>	<input type="radio"/>			
o	IRC Section 461(l) excess business loss adjustment 8o	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p	Taxable distributions from an ABLE account 8p	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z	Other income. List type and amount.					
<input checked="" type="radio"/>	SEE STATEMENT 8z	<input type="radio"/> 28226	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 28226	<input type="radio"/> 28226
9	a Total other income. Add lines 8a through 8z 9a	<input type="radio"/> 28226	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 28226	<input type="radio"/> 28226
b1	Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2	NOL deduction from form FTB 3805V 9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3	NOL from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b4	Student loan discharged due to closure of a for-profit school 9b4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10	Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C 10	<input type="radio"/> 31619	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 31619	<input type="radio"/> 31619

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
11	Educator expenses. 11	<input type="radio"/>	<input type="radio"/>			
12	Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>			
14	Moving expenses. Attach form FTB 3913. See instructions. 14	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16	Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
17	Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18	Penalty on early withdrawal of savings . . . 18	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
19a	Alimony paid. b Enter recipient's: SSN <input type="radio"/> - - - - - Last name <input type="radio"/> 19a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	Reserved for future use 22					
23	Archer MSA deduction 23	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24	Other adjustments:					
24a	a Jury duty pay 24a	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24b	b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24c	c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . 24c	<input type="radio"/>	<input type="radio"/>			
24d	d Reforestation amortization and expenses. 24d	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
24e	e Repayment of supplemental unemployment benefits under the Trade Act of 1974. 24e	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24f	f Contributions to IRC Section 501(c)(18)(D) pension plans. . . 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24g	g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24h	h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24i	i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input type="radio"/>	<input type="radio"/>			
24j	j Housing deduction from federal Form 2555. 24j	<input type="radio"/>	<input type="radio"/>			
24k	k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>	<input type="radio"/>			
24z	z Other adjustments. List type and amount. <input type="radio"/> 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section C — Adjustments to 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)
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. . . . 27	<input checked="" type="radio"/> 31619	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 31619	<input checked="" type="radio"/> 31619

Part III Adjustments to Federal Itemized Deductions Check the box if you did NOT itemize for federal but will itemize for California <input checked="" type="radio"/> <input type="checkbox"/>	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
--	--	---	--

Medical and Dental Expenses See instructions.

1 Medical and dental expenses 1	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	<input checked="" type="radio"/> 31619		
3 Multiply line 2 by 7.5% (0.075) 3	<input checked="" type="radio"/> 2371		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	<input checked="" type="radio"/> 0		<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>		
5c State and local personal property taxes 5c	<input checked="" type="radio"/>		
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/> 33		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A 5e	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	<input checked="" type="radio"/>
Enter the amount from line 5a, column B in line 5e, column B	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/> 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	<input checked="" type="radio"/>

Interest You Paid

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

Gifts to Charity

11 Gifts by cash or check 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<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 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
--	----------------------------------	----------------------------------	----------------------------------

Other Itemized Deductions

16 Other—from list in federal instructions 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C ☒ 18

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 line 19 through line 21 ☒ **22**
- 23** Enter amount from federal Form 1040 or 1040-SR, line 11 ☒ 31619
- 24** Multiply line 23 by 2% (0.02). If less than zero, enter 0. ☒ **24** 632
- 25** Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. ☒ **25** 0
- 26** **Total Itemized Deductions.** Add line 18 and line 25. ☒ **26**
- 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 **\$212,288**
Head of household **\$318,437**
Married/RDP filing jointly or qualifying widow(er) **\$424,581**
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. **\$4,803**
Married/RDP filing jointly, head of household, or qualifying widow(er) **\$9,606** ☒ **30** 4803

Part IV California Taxable Income

- 1** **California AGI.** Enter your California AGI from Part II, line 27, column E ☒ **1** 31619
- 2** Enter your deductions from line 30 ☒ **2** 4803
- 3** **Deduction Percentage.** Divide Part II, line 27, column E by Part II, line 27, 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** 1 0 0 0
- 4** **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3 ☒ **4** 4803
- 5** **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0- ☒ **5** 26816

Names: TATIANA BELLAGIO

SSN: 391-51-6334

Tax year: 2021

Statement					
Schedule CA (540NR), Line 8z. Other income					
	Federal amounts (column A)	Subtractions (column B)	Additions (column C)	Total amounts using CA law as if you were a CA resident (column D)	CA amounts (column E)
1. Scholarship grants	28226			28226	28226
2. Scholarship grants excluded					
3. Gambling income not included in Line 8b					
4. Foreign income					
Total:	28226			28226	28226

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2021**3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

TATIANA BELLAGIO

SSN or ITIN

391-51-6334

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name ● TATIANA	Initial ●	SSN ● 391-51-6334	Date of Birth (mm/dd/yyyy) ● 05/24/1995	Modified AGI ● 31619
	Last Name ● BELLAGIO		ECN 1 ●	ECN 2 ●	ECN 3 ●
2	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
3	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
4	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
5	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
6	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
7	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
8	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
9	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
10	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
11	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
12	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions.● ☐

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

			Coverage and Exemption Codes												
			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name ● TATIANA	Initial ●	● D	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ● BELLAGIO			●	●	●	●	●	●	●	●	●	●	●	●
2	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
3	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
4	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
5	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
6	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
7	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
8	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
9	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
10	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
11	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
12	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.

See instructions ● 1.



CALIFORNIA STATE TAX RETURN
FOR

TATIANA BELLAGIO

2021

YOUR COPY

RETAIN FOR YOUR RECORDS



2021**California Nonresident or Part-Year Resident Income Tax Return****540NR**
☐ Check here if this is an AMENDED return. Fiscal year filers only: Enter month of year end: month _____ year 2022

Your first name	Initial	Last name	Suffix	Your SSN or ITIN	<input type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> RP
TATIANA		BELLAGIO		391-51-6334	
If joint tax return, spouse's/RDP's first name	Initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN	
Additional information (see instructions)				PBA code	
Street address (number and street) or PO box				Apt. no./ste. no.	PMB/private mailbox
221 AYRSHIRE FARM LN				APT 205	
City (If you have a foreign address, see instructions)				State	ZIP code
STANFORD				CA	94305
Foreign country name		Foreign province/state/county		Foreign postal code	

Date of Birth	Your DOB (mm/dd/yyyy)	Spouse's/RDP's DOB (mm/dd/yyyy)
	05/24/1995	
Prior Name	Your prior name (see instructions)	Spouse's/RDP's prior name (see instructions)

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

Filing Status	1 <input checked="" type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="text"/>
	See instructions. <input type="text"/>	
3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>		
6 <input type="checkbox"/> 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 number 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 <input type="text"/> 1 X \$129 = ● \$ <input type="text"/> 129															
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 ● 8 <input type="text"/> X \$129 = ● \$ <input type="text"/>															
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ● 9 <input type="text"/> X \$129 = ● \$ <input type="text"/>															
10 Dependents: Do not include yourself or your spouse/RDP.															
<table border="1"> <thead> <tr> <th>Dependent 1</th> <th>Dependent 2</th> <th>Dependent 3</th> </tr> </thead> <tbody> <tr> <td>First Name ● <input type="text"/></td> <td>● <input type="text"/></td> <td>● <input type="text"/></td> </tr> <tr> <td>Last Name ● <input type="text"/></td> <td>● <input type="text"/></td> <td>● <input type="text"/></td> </tr> <tr> <td>SSN. See instructions. ● <input type="text"/></td> <td>● <input type="text"/></td> <td>● <input type="text"/></td> </tr> <tr> <td>Dependent's relationship to you ● <input type="text"/></td> <td>● <input type="text"/></td> <td>● <input type="text"/></td> </tr> </tbody> </table>	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. See instructions. ● <input type="text"/>	● <input type="text"/>	● <input type="text"/>	Dependent's relationship to you ● <input type="text"/>	● <input type="text"/>	● <input type="text"/>
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. See instructions. ● <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 \$400 = ● \$

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

11 Exemption amount: Add line 7 through line 10 ☒ **11 \$** 129

Total Taxable Income

- 12** Total California wages from your federal Form(s) W-2, box 16 ☒ **12** 3393 .00
- 13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ☒ **13** 31619 .00
- 14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 27, column B ☒ **14** .00
- 15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15** 31619 .00
- 16** California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 27, column C ☒ **16** .00
- 17** Adjusted gross income from all sources. Combine line 15 and line 16 ☒ **17** 31619 .00
- 18** Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions ☒ **18** 4803 .00
- 19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- ☒ **19** 26816 .00

CA Taxable Income

- 31** Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule
- ☒ **31** 537 .00
- 32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ☒ **32** 31619 .00
- 35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ☒ **35** 26816 .00
- 36** CA Tax Rate. Divide line 31 by line 19. ☒ **36** 0.0200
- 37** CA Tax Before Exemption Credits. Multiply line 35 by line 36. ☒ **37** 536 .00
- 38** CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ☒ **38** 1.0000
- 39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$212,288, see instructions ☒ **39** 129 .00
- 40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... ☒ **40** 407 .00
- 41** Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A ☒ **41** .00
- 42** Add line 40 and line 41 ☒ **42** 407 .00

Special Credits

- 50** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ☒ **50** .00
- 51** Credit for joint custody head of household. See instructions ☒ **51** .00
- 52** Credit for dependent parent. See instructions. ☒ **52** .00
- 53** Credit for senior head of household. See instructions. ☒ **53** .00
- 54** Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ☒ **54** .
- 55** Credit amount. See instructions ☒ **55** .00

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

Special Credits continued

- 58 Enter credit name code and amount. 58 .00
- 59 Enter credit name code and amount. 59 .00
- 60 To claim more than two credits. See instructions. 60 .00
- 61 Nonrefundable Renter's Credit. See instructions 61 .00
- 62 Add line 50 and line 55 through 61. These are your total credits 62 .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0- 63 407 .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR). 71 .00
- 72 Mental Health Services Tax. See instructions 72 .00
- 73 Other taxes and credit recapture. See instructions. 73 .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions 74 .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax 75 407 .00

Payments

- 81 California income tax withheld. See instructions 81 33 .00
- 82 2021 CA estimated tax and other payments. See instructions 82 .00
- 83 Withholding (Form 592-B and/or 593). See instructions 83 .00
- 84 Excess SDI (or VPD) withheld. See instructions 84 .00
- 85 Earned Income Tax Credit (EITC) 85 .00
- 86 Young Child Tax Credit (YCTC). See instructions 86 .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions 87 .00
- 88 Add line 81 through line 87. These are your total payments. See instructions 88 33 .00

ISR Penalty

- 91 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ☐
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions 91 .00

Overpaid Tax/Tax Due

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91,
subtract line 91 from line 88. 92 33 .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,
subtract line 88 from line 91. 93 .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. 101 .00
- 102 Amount of line 101 you want applied to your 2022 estimated tax 102 .00

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

- 103** Overpaid tax available this year. Subtract line 102 from line 101 ● **103** .00
- 104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ● **104** 374 .00

Contributions

- | | Code | Amount |
|---|--------------|--------------------------|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> .00 |
| California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> .00 |
| School Supplies for Homeless Children Voluntary Tax Contribution 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 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <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 Kit Backlog Voluntary Tax Contribution Fund | ● 440 | <input type="text"/> .00 |
| Schools Not Prisons Voluntary Tax Contribution Fund | ● 443 | <input type="text"/> .00 |
| Suicide Prevention Voluntary Tax Contribution Fund | ● 444 | <input type="text"/> .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> .00 |
| California Community and Neighborhood Tree Voluntary Tax Contribution Fund | ● 446 | <input type="text"/> .00 |
| 120 Add code 400 through code 446. This is your total contribution | ● 120 | <input type="text"/> .00 |

Your name:

TATIANA BELLAGIO

Your SSN or ITIN:

391-51-6334

121 AMOUNT YOU OWE. Add line 93, line 104, and line 120. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** ● **121**Pay Online – Go to **ftb.ca.gov/pay** for more information.

374

.00

Amount
You Owe**122** Interest, late return penalties, and late payment penalties. **122****123** Underpayment of estimated tax.

Check the box: ●

☐

FTB 5805 attached

☐FTB 5805F attached ● **123**

374

.00

124 Total amount due. See instructions. Enclose, but **do not** staple, any payment **124****125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **125**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.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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

Your signature

Date

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

● Your email address. Enter only one email address.

● Preferred phone number

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

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

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

● PTIN

Firm's address

● Firm's FEIN

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

2021

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

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

Name(s) as shown on tax return

TATIANA BELLAGIO

SSN or ITIN

391-51-6334

Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2021.

During 2021:

1 My California (CA) Residency (Check one)

a Myself: ☒ X Nonresident ☐ Part-Year Resident ☐ Resident

b Spouse: ☐ Nonresident ☐ Part-Year Resident ☐ Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions)	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/> <input type="radio"/>
b I was in the military and stationed in (enter two letter code).	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> / /	<input type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> / /	<input type="radio"/> / /
5 I was a CA nonresident the entire year (enter state of residence).	<input type="radio"/> F <input type="radio"/> C	<input type="radio"/>
6 The number of days I spent in CA for any purpose was:	1 1 9	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No)	N	<input type="radio"/>
8 Before 2021: I was a CA resident for the period of	/ / -	/ / -

Part II Income Adjustment Schedule

Section A — Income

from federal Form 1040 or 1040-SR

	A	B	C	D	E
	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. 1	<input type="radio"/> 3393	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 3393	<input type="radio"/> 3393
2 Taxable interest. a <input type="radio"/> 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income

from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>			

Section B — Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions (difference between CA & federal law)	C Additions See instructions (difference between CA & federal law)	D Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	E CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
8 Other income:						
a Federal net operating loss	8a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b Gambling income	8b	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/> 0
c Cancellation of debt	8c	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d Foreign earned income exclusion from federal Form 2555	8d	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e Taxable Health Savings Account distribution	8e	<input type="radio"/>	<input type="radio"/>			
f Alaska Permanent Fund dividends . .	8f	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
g Jury duty pay	8g	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
h Prizes and awards	8h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i Activity not engaged in for profit income	8i	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
j Stock options	8j	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
l Olympic and Paralympic medals and USOC prize money	8l	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
m IRC Section 951(a) inclusion	8m	<input type="radio"/>	<input type="radio"/>			
n IRC Section 951A(a) inclusion	8n	<input type="radio"/>	<input type="radio"/>			
o IRC Section 461(l) excess business loss adjustment	8o	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p Taxable distributions from an ABLE account	8p	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
z Other income. List type and amount.						
<input checked="" type="radio"/> SEE STATEMENT	8z	<input type="radio"/> 28226	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 28226	<input type="radio"/> 28226
9 a Total other income. Add lines 8a through 8z	9a	<input type="radio"/> 28226	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 28226	<input type="radio"/> 28226
b1 Disaster loss deduction from form FTB 3805V	9b1		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b2 NOL deduction from form FTB 3805V	9b2		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b3 NOL from form FTB 3805Z, FTB 3807, or FTB 3809	9b3		<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
b4 Student loan discharged due to closure of a for-profit school	9b4	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 (as applicable) in each column. See instructions. Go to Section C	10	<input type="radio"/> 31619	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 31619	<input type="radio"/> 31619

	A	B	C	D	E
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)
11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>			
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Deductible part of self-employment tax. See instructions 15	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
16 Self-employed SEP, SIMPLE, and qualified plans 16	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
17 Self-employed health insurance deduction. See instructions 17	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
18 Penalty on early withdrawal of savings . . . 18	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
19a Alimony paid. b Enter recipient's: SSN <input type="radio"/> - - - - - Last name <input type="radio"/> 19a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 Reserved for future use 22					
23 Archer MSA deduction 23	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
24 Other adjustments:					
a Jury duty pay 24a	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit 24b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l . . . 24c	<input type="radio"/>	<input type="radio"/>			
d Reforestation amortization and expenses 24d	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
f Contributions to IRC Section 501(c)(18)(D) pension plans . . . 24f	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	<input type="radio"/>	<input type="radio"/>			
j Housing deduction from federal Form 2555 24j	<input type="radio"/>	<input type="radio"/>			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	<input type="radio"/>	<input type="radio"/>			
z Other adjustments. List type and amount. <input type="radio"/> 24z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	A	B	C	D	E
Section C — Adjustments to 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)
25 Total other adjustments. Add lines 24a through 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in each column, A through E 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
27 Total. Subtract line 26 from line 10 in each column, A through E. See instructions. . . . 27	<input checked="" type="radio"/> 31619	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 31619	<input checked="" type="radio"/> 31619

Part III Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
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Medical and Dental Expenses See instructions.

1 Medical and dental expenses 1	<input checked="" type="radio"/>		
2 Enter amount from federal Form 1040 or 1040-SR, line 11 2	<input checked="" type="radio"/> 31619		
3 Multiply line 2 by 7.5% (0.075) 3	<input checked="" type="radio"/> 2371		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	<input checked="" type="radio"/> 0		<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	
5b State and local real estate taxes 5b	<input checked="" type="radio"/>		
5c State and local personal property taxes 5c	<input checked="" type="radio"/>		
5d Add line 5a through line 5c. 5d	<input checked="" type="radio"/> 33		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A 5e	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	<input checked="" type="radio"/>
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			
6 Other taxes. List type <input checked="" type="radio"/> 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	<input checked="" type="radio"/>

Interest You Paid

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

Gifts to Charity

11 Gifts by cash or check 11	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
12 Other than by cash or check. 12	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
13 Carryover from prior year. 13	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
14 Add line 11 through line 13 14	<input checked="" type="radio"/>	<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 15	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
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Other Itemized Deductions

16 Other—from list in federal instructions 16	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	<input checked="" type="radio"/> 33	<input checked="" type="radio"/> 33	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/> 18	
--	--

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.	<input type="radio"/> 19	<input type="text"/>
20	Tax preparation fees.	<input type="radio"/> 20	<input type="text"/>
21	Other expenses- investment, safe deposit box, etc. List type <input type="radio"/>	<input type="radio"/> 21	<input type="text"/>
22	Add line 19 through line 21	<input type="radio"/> 22	<input type="text"/>
23	Enter amount from federal Form 1040 or 1040-SR, line 11 <input type="radio"/>		31619
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0.	<input type="radio"/> 24	<input type="text" value="632"/>
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	<input type="radio"/> 25	<input type="text" value="0"/>
26	Total Itemized Deductions. Add line 18 and line 25.	<input type="radio"/> 26	<input type="text"/>
27	Other adjustments. See instructions. Specify. <input type="radio"/>	<input type="radio"/> 27	<input type="text"/>
28	Combine line 26 and line 27.	<input type="radio"/> 28	<input type="text"/>
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		\$212,288
	Head of household		\$318,437
	Married/RDP filing jointly or qualifying widow(er)		\$424,581
	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	<input type="radio"/> 29	<input type="text"/>
30	Enter the larger of the amount on line 29 or your standard deduction listed below		
	Single or married/RDP filing separately. See instructions.		\$4,803
	Married/RDP filing jointly, head of household, or qualifying widow(er)	<input type="radio"/> 30	<input type="text" value="4803"/>

Part IV California Taxable Income

1	California AGI. Enter your California AGI from Part II, line 27, column E	<input type="radio"/> 1	<input type="text" value="31619"/>
2	Enter your deductions from line 30	<input type="radio"/> 2	<input type="text" value="4803"/>
3	Deduction Percentage. Divide Part II, line 27, column E by Part II, line 27, 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-	<input type="radio"/> 3	<input type="text" value="1.0000"/>
4	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3	<input type="radio"/> 4	<input type="text" value="4803"/>
5	California Taxable Income. Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-	<input type="radio"/> 5	<input type="text" value="26816"/>

Names: TATIANA BELLAGIO

SSN: 391-51-6334

Tax year: 2021

Statement					
Schedule CA (540NR), Line 8z. Other income					
	Federal amounts (column A)	Subtractions (column B)	Additions (column C)	Total amounts using CA law as if you were a CA resident (column D)	CA amounts (column E)
1. Scholarship grants	28226			28226	28226
2. Scholarship grants excluded					
3. Gambling income not included in Line 8b					
4. Foreign income					
Total:	28226			28226	28226

Health Coverage Exemptions and Individual Shared Responsibility Penalty

2021**3853**

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return

TATIANA BELLAGIO

SSN or ITIN

391-51-6334

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

1	First Name ● TATIANA	Initial ●	SSN ● 391-51-6334	Date of Birth (mm/dd/yyyy) ● 05/24/1995	Modified AGI ● 31619
	Last Name ● BELLAGIO		ECN 1 ●	ECN 2 ●	ECN 3 ●
2	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
3	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
4	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
5	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
6	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
7	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
8	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
9	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
10	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
11	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●
12	First Name ●	Initial ●	SSN ●	Date of Birth (mm/dd/yyyy) ●	Modified AGI ●
	Last Name ●		ECN 1 ●	ECN 2 ●	ECN 3 ●

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See instructions. ☒

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

			(a) Full-year	(b) Jan	(c) Feb	(d) Mar	(e) Apr	(f) May	(g) June	(h) July	(i) Aug	(j) Sept	(k) Oct	(l) Nov	(m) Dec
1	First Name ● TATIANA	Initial ●	● D	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ● BELLAGIO			●	●	●	●	●	●	●	●	●	●	●	●
2	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
3	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
4	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
5	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
6	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
7	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
8	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
9	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
10	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
11	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
12	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.

See instructions ● 1.