Form **1040-SR** Department of the Treasury—Internal Revenue Service (99)
U.S. Tax Return for Seniors **2020** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status
Check only one box.

☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS)
☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial	Last name	Your social security number
Mary E	McManamon	383-68-6449

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

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
4226 23rd St	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
San Francisco	CA	94114

Foreign country name	Foreign province/state/county	Foreign postal code

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . ▶ ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness {
You: ☒ Were born before January 2, 1956 ☐ Are blind
Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ▶ ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✔ if qualifies for (see instructions): Child tax credit	Credit for other dependents
Aisling F McManamon	658-84-6537	Daughter	☒	☐
			☐	☐
			☐	☐
			☐	☐

Attach Schedule B if required.

1	Wages, salaries, tips, etc. Attach Form(s) W-2	**1**	113,974.
2a	Tax-exempt interest . **2a**	**b** Taxable interest . . **2b**	67.
3a	Qualified dividends . . **3a**	**b** Ordinary dividends . **3b**	
4a	IRA distributions . . . **4a**	**b** Taxable amount . . **4b**	
5a	Pensions and annuities **5a**	**b** Taxable amount . . **5b**	
6a	Social security benefits . **6a**	**b** Taxable amount . . **6b**	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . ▶ ☐	**7**	
8	Other income from Schedule 1, line 9	**8**	0.
9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** . . ▶	**9**	114,041.
10	Adjustments to income:		
a	From Schedule 1, line 22 . . . . **10a**		
b	Charitable contributions if you take the standard deduction. See instructions **10b**		
c	Add lines 10a and 10b. These are your **total adjustments to income** ▶	**10c**	
11	Subtract line 10c from line 9. This is your **adjusted gross income** . . ▶	**11**	114,041.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. **BAA** REV 09/17/21 Intuit.cg.cfp.sp Form **1040-SR** (2020)

Standard Deduction See *Standard Deduction Chart* on the last page of this form.	**12**	**Standard deduction or itemized deductions** (from Schedule A) . . .	**12**	20,300.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	**13**	
	14	Add lines 12 and 13	**14**	20,300.
	15	**Taxable income.** Subtract line 14 from line 11. If zero or less, enter -0- .	**15**	93,741.

16　**Tax** (see instructions). Check if any from:

　　1 ☐ Form(s) 8814　　2 ☐ Form 4972　　3 ☐ _____ . . . . **16**　15,132.

17　Amount from Schedule 2, line 3 . . . . **17**

18　Add lines 16 and 17 . . . . **18**　15,132.

19　Child tax credit or credit for other dependents . . . . **19**　2,000.

20　Amount from Schedule 3, line 7 . . . . **20**

21　Add lines 19 and 20 . . . . **21**　2,000.

22　Subtract line 21 from line 18. If zero or less, enter -0- . . . . **22**　13,132.

23　Other taxes, including self-employment tax, from Schedule 2, line 10 . . **23**　0.

24　Add lines 22 and 23. This is your **total tax** . . . . ▶ **24**　13,132.

25　Federal income tax withheld from:

　a　Form(s) W-2 . . . . **25a**　20,766.

　b　Form(s) 1099 . . . . **25b**　16.

　c　Other forms (see instructions) **25c**

　d　Add lines 25a through 25c . . . . **25d**　20,782.

26　2020 estimated tax payments and amount applied from 2019 return . . **26**

• If you have a qualifying child, attach Sch. EIC. • If you have nontaxable combat pay, see instructions.	**27**	Earned income credit (EIC) . . . . No	**27**	
	28	Additional child tax credit. Attach Schedule 8812 . .	**28**	
	29	American opportunity credit from Form 8863, line 8 .	**29**	
	30	Recovery rebate credit. See instructions	**30**	
	31	Amount from Schedule 3, line 13	**31**	

32　Add lines 27 through 31. These are your **total other payments and refundable credits** . . . . ▶ **32**

33　Add lines 25d, 26, and 32. These are your **total payments** . . . . . ▶ **33**　20,782.

Refund	**34**	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	**34**	7,650.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here . . . . ▶ ☐	**35a**	7,650.

Direct deposit? See instructions.

▶**b** Routing number | 1 | 2 | 1 | 0 | 0 | 0 | 3 | 5 | 8 | ▶ **c** Type: ☒ Checking   ☐ Savings

▶**d** Account number | 0 | 0 | 0 | 0 | 3 | 3 | 1 | 3 | 2 | 3 | 4 | 1 | | | | |

	36	Amount of line 34 you want **applied to your 2021 estimated tax** . . . . ▶	**36**	

Amount You Owe	**37**	Subtract line 33 from line 24. This is the **amount you owe now** . . . ▶	**37**	

For details on how to pay, see instructions.

Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.

	38	Estimated tax penalty (see instructions) . . . . . ▶	**38**	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions . . . . ▶   ☐ **Yes.** Complete below.   ☒ **No**

Designee's name ▶   Phone no. ▶   Personal identification number (PIN) ▶ | | | | | |

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)						
		Senior Programmer/Analyst							
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)						

Phone no.   (415)603-0723   Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name ▶ Self-Prepared			Phone no.	
Firm's address ▶			Firm's EIN ▶	

Standard Deduction Chart*

Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1 . . . . ▶

IF your filing status is. . .	AND the number of boxes checked is. . .	THEN your standard deduction is. . .
Single	1	$14,050
	2	15,700
Married filing jointly	1	$26,100
	2	27,400
	3	28,700
	4	30,000
Qualifying widow(er)	1	$26,100
	2	27,400
Head of household	1	$20,300
	2	21,950
Married filing separately**	1	$13,700
	2	15,000
	3	16,300
	4	17,600

* Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

** You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR	California Online e-file Return Authorization	FORM
2020	**for Individuals**	**8453-OL**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
MARY E	MCMANAMON		383-68-6449

If filing jointly, spouse's/RDP's first name	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
4226 23RD ST			(415)603-0723

City	State	ZIP code
SAN FRANCISCO	CA	94114

Foreign country name	Foreign province/state/county	Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions . . . . **1** 114,041.

2 Refund or no amount due. See instructions . . . . **2** 894.

3 Amount you owe. See instructions . . . . **3** _____

Part II Settle Your Account Electronically for Taxable Year 2020 (Payment due 4/15/2021)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2021 These are NOT installment payments for the current amount you owe.

	First Payment Due 4/15/2021	Second Payment Due 6/15/2021	Third Payment Due 9/15/2021	Fourth Payment Due 1/15/2022
6 Amount				
7 Withdrawal date				

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

8 Amount of refund to be directly deposited to account below _____ 894.	**12** The remaining amount of my refund for direct deposit _____
9 Routing number 121000358	**13** Routing number _____
10 Account number 000033132341	**14** Account number _____
11 Type of account: ☒ Checking ☐ Savings	**15** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

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

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2020 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

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

REV 08/12/21 INTUIT.CG.CFP.SP

FTB 8453-OL 2020

2020 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

383-68-6449   MCMA   20
MARY   E   MCMANAMON

4226 23RD ST
SAN FRANCISCO   CA   94114

07-09-1955

Principal Residence

Enter your county at time of filing (see instructions)

⊙ SAN FRANCISCO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ⊙ ☒

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)   Apt. no/ste. no.

⊙   ⊙

City   State   ZIP code

⊙   ⊙   ⊙

Filing Status

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

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.

See instructions.

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

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

Exemptions

▶ 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 in the box. If you checked the box on line 6, see instructions. ⊙ **7** [1] X \$124 = ⊙ \$ 124

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . ⊙ **8** [ ] X \$124 = ⊙ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . ● **9** [1] X \$124 = ⊙ \$ 124

Your name: MCMANAMON   Your SSN or ITIN: 383-68-6449

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	⊙ AISLING F	⊙	⊙
Last Name	⊙ MCMANAMON	⊙	⊙
SSN. See instructions.	● 658846537	●	●
Dependent's relationship to you	⊙ DAUGHTER	⊙	⊙

Total dependent exemptions . . . . ● **10** | 1 | X $383 = ⊙ $ 383

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . ⊙ **11** $ 631

Taxable Income

12 State wages from your federal
Form(s) W-2, box 16 . . . . ● **12**   113974 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . ⊙ **13**   114041 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540),
Part I, line 23, column B. . . . . ● **14**   0 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses.
See instructions . . . . **15**   114041 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540),
Part I, line 23, column C. . . . . ● **16** .00

17 California adjusted gross income. Combine line 15 and line 16 . . . . ● **17**   114041 .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. $4,601
• Married/RDP filing jointly, Head of household, or Qualifying widow(er) $9,202
If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ● **18**   15314 .00

19 Subtract line 18 from line 17. This is your **taxable income**.
If less than zero, enter -0- . . . . ⊙ **19**   98727 .00

Tax

31 Tax. Check the box if from: [X] Tax Table   [ ] Tax Rate Schedule
● [ ] FTB 3800   ● [ ] FTB 3803 . . . . ● **31**   4672 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than
$203,341, see instructions. . . . . ⊙ **32**   631 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . ⊙ **33**   4041 .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**   4041 .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

Your name: MCMANAMON   Your SSN or ITIN: 383-68-6449

Special Credits

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	4041	.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	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions....... ● 64		.00
65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax .... ● 65	4041	.00

Payments

71	California income tax withheld. See instructions .... ● 71	4935	.00
72	2020 CA estimated tax and other payments. See instructions .... ● 72		.00
73	Withholding (Form 592-B and/or 593). See instructions .... ● 73		.00
74	Excess SDI (or VPDI) withheld. See instructions .... ● 74		.00
75	Earned Income Tax Credit (EITC) .... ● 75		.00
76	Young Child Tax Credit (YCTC). See instructions .... ● 76		.00
77	Net Premium Assistance Subsidy (PAS). See instructions.......................... ● 77		.00
78	Add line 71 through line 77. These are your total payments. See instructions .... ◉ 78	4935	.00

Use Tax

91	**Use Tax.** Do not leave blank. See instructions..................... ● 91	0 .00

If line 91 is zero, check if: [X] No use tax is owed.   [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92	Individual Shared Responsibility (ISR) Penalty. See instructions........ ● 92		.00

● [X] Full-year health care coverage.

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 .... ◉ 93	4935	.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 .... ◉ 94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93... ◉ 95	4935	.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92... ◉ 96		.00

REV 08/12/21 INTUIT.CG.CFP.SP

175   3103204

Form 540 2020 **Side 3**

Your name: MCMANAMON   Your SSN or ITIN: 383-68-6449

Overpaid Tax/Tax Due

		Code	Amount
97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95 . . . . ⊙	**97**	894 .00
98	Amount of line 97 you want applied to your **2021** estimated tax . . . . ●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97 . . . . ●	**99**	894 .00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . ⊙	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions . . . . ●	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . ●	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . ●	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund. ●	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . ●	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . ●	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund. . . . . ●	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund . . . . ●	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund . . . . ●	**413**	.00
School Supplies for Homeless Children Fund . . . . ●	**422**	.00
State Parks Protection Fund/Parks Pass Purchase . . . . ●	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund. . . . . ●	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund . . . . ●	**425**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . ●	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . ●	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund. . . . . ●	**439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund . . . . ●	**440**	.00
Schools Not Prisons Voluntary Tax Contribution Fund . . . . ●	**443**	.00
Suicide Prevention Voluntary Tax Contribution Fund . . . . ●	**444**	.00
110 Add code 400 through code 444. This is your total contribution . . . . ●	**110**	.00

Your name: MCMANAMON Your SSN or ITIN: 383-68-6449

■

Amount You Owe

111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, 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.

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 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . . ● **115** 894 . 00

Refund and Direct Deposit

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:

● Routing number ● Type ☒ Checking   ● Account number   ● **116** Direct deposit amount

121000358 ☐ Savings   000033132341   894 . 00

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

● Routing number ● Type ☐ Checking   ● Account number   ● **117** Direct deposit amount

_____ ☐ Savings _____   _____ . 00

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

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

Joint tax return? (See instructions)

◉ Your email address. Enter only one email address. _____   ◉ Preferred phone number 4156030723

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

SELF-PREPARED

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

Firm's address _____   ● Firm's FEIN _____

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

Print Third Party Designee's Name _____   Telephone Number _____

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

Name(s) as shown on tax return
MARY E MCMANAMON

SSN or ITIN
383686449

Part I   Income Adjustment Schedule
Section A – Income from federal Form 1040 or 1040-SR

			A Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1	Wages, salaries, tips, etc. See instructions before making an entry in column B or C	1	⊙ 113,974.	⊙	⊙
2	Taxable interest. **a** ⊙ _____	2b	⊙ 67.	⊙	⊙
3	Ordinary dividends. See instructions. **a** ⊙ _____	3b	⊙	⊙	⊙
4	IRA distributions. See instructions. **a** ⊙ _____	4b	⊙	⊙	⊙
5	Pensions and annuities. See instructions. **a** ⊙ _____	5b	⊙	⊙	⊙
6	Social security benefits. **a** ⊙ _____	6b	⊙	⊙	
7	Capital gain or (loss). See instructions.	7	⊙	⊙	⊙

Section B – Additional Income from federal Schedule 1 (Form 1040)

1	Taxable refunds, credits, or offsets of state and local income taxes	1	⊙ 0.	⊙ 0.	
2a	Alimony received. See instructions.	2a	⊙		⊙
3	Business income or (loss). See instructions.	3	⊙	⊙	⊙
4	Other gains or (losses)	4	⊙	⊙	⊙
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc	5	⊙	⊙	⊙
6	Farm income or (loss)	6	⊙	⊙	⊙
7	Unemployment compensation	7	⊙	⊙	

8 Other income.

  a California lottery winnings
  b Disaster loss deduction from FTB 3805V
  c Federal NOL (federal Schedule 1 (Form 1040), line 8)
  d NOL deduction from FTB 3805V

  e NOL from FTB 3805Z, 3807, or 3809
  f Other (describe):
    ⊙ _____
    _____
  g Student loan discharged due to closure of a for-profit school

8 ⊙

	B		C
a	⊙	a	
b	⊙	b	
c		c	⊙
d	⊙	d	
e	⊙	e	
f	⊙	f	⊙
g	⊙	g	

9 **Total.** Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. . . . . 9 ⊙ 114,041. ⊙ 0. ⊙

Section C – Adjustments to Income from federal Schedule 1 (Form 1040)

10	Educator expenses	10	⊙	⊙	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials	11	⊙	⊙	⊙
12	Health savings account deduction	12	⊙	⊙	
13	Moving expenses. Attach federal Form 3903. See instructions	13	⊙		⊙
14	Deductible part of self-employment tax. See instructions.	14	⊙	⊙	
15	Self-employed SEP, SIMPLE, and qualified plans	15	⊙		
16	Self-employed health insurance deduction. See instructions..	16	⊙	⊙	
17	Penalty on early withdrawal of savings.	17	⊙		
18a	Alimony paid. **b** Recipient's: SSN ⊙ __ __ __ – __ __ – __ __ __ __				
	Last name ⊙ _____	18a	⊙		⊙
19	IRA deduction.	19	⊙		
20	Student loan interest deduction	20	⊙		⊙
21	Tuition and fees	21	⊙	⊙	
22	Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions	22	⊙	⊙	⊙
23	**Total.** Subtract line 22 from line 9 in columns A, B, and C. See instructions	23	⊙ 114,041.	⊙ 0.	⊙

REV 08/12/21 INTUIT.CG.CFP.SP

Part II 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
Medical and Dental Expenses See instructions.				
1	Medical and dental expenses . . . . ⊙ __0.__ **1**			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 ⊙ __114,041.__ **2**			
3	Multiply line 2 by 7.5% (0.075) . . . . ⊙ __8,553.__ **3**			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . **4**	⊙		⊙ 0.
Taxes You Paid				
5a	State and local income tax or general sales taxes. **5a**	⊙ 6,117.	⊙ 6,117.	
5b	State and local real estate taxes **5b**	⊙ 6,826.		
5c	State and local personal property taxes **5c**	⊙ 153.		
5d	Add line 5a through line 5c. **5d**	⊙ 13,096.		
5e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A . . Enter the amount from line 5a, column B in line 5e, column B . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**	⊙ 10,000.	⊙ 6,117.	⊙ 3,096.
6	Other taxes. List type ⊙ _____ **6**	⊙	⊙	⊙
7	Add line 5e and line 6 . . . . **7**	⊙ 10,000.	⊙ 6,117.	⊙ 3,096.
Interest You Paid				
8a	Home mortgage interest and points reported to you on federal Form 1098 . . . . **8a**	⊙ 5,706.		⊙ 2,629.
8b	Home mortgage interest not reported to you on federal Form 1098. . . . . **8b**	⊙		⊙
8c	Points not reported to you on federal Form 1098. . . . . **8c**	⊙		⊙
8d	Mortgage insurance premiums **8d**	⊙	⊙	
8e	Add line 8a through line 8d. **8e**	⊙ 5,706.	⊙	⊙ 2,629.
9	Investment interest. **9**	⊙	⊙	⊙
10	Add line 8e and line 9 . . . . **10**	⊙ 5,706.	⊙	⊙ 2,629.
Gifts to Charity				
11	Gifts by cash or check **11**	⊙	⊙	⊙
12	Other than by cash or check. **12**	⊙	⊙	⊙
13	Carryover from prior year. **13**	⊙	⊙	⊙
14	Add line 11 through line 13 . . . . **14**	⊙	⊙	⊙
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions. **15**	⊙	⊙	⊙
Other Itemized Deductions				
16	Other—from list in federal instructions **16**	⊙	⊙	⊙
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17**	⊙ 15,706.	⊙ 6,117.	⊙ 5,725.
18	**Total.** Combine line 17 column A less column B plus column C . . . . ⊙ **18**	15,314.		

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** [0.]

22 Add line 19 through line 21 . . . . ● **22** [0.]

23 Enter amount from federal Form 1040 or 1040-SR, line 11 ● ___114,041.___

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . ● **24** [2,281.]

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** [15,314.]

27 Other adjustments. See instructions. Specify. ● _____ . . . . . . ● **27** [   ]

28 Combine line 26 and line 27. . . . . ● **28** [15,314.]

29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**

    Single or married/RDP filing separately **$203,341**

    Head of household **$305,016**

    Married/RDP filing jointly or qualifying widow(er) **$406,687**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 . . . . ● **29** [15,314.]

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**

    Single or married/RDP filing separately. See instructions. **$4,601**

    Married/RDP filing jointly, head of household, or qualifying widow(er) **$9,202**

Transfer the amount on line 30 to Form 540, line 18 . . . . ● **30** [15,314.]

2020 Head of Household Filing Status Schedule

3532

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

Name(s) as shown on tax return	SSN or ITIN
MARY E MCMANAMON	383686449

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

a Not legally married/RDP during 2020 . . . . ◉ **1a** ☒

b Widow/widower (my spouse/RDP died before 01/01/2020) . . . . ◉ **1b** ☐

c Marriage/RDP was annulled. . . . . ◉ **1c** ☐

d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2020. . . . . ◉ **1d** ☐

e Legally married/RDP and did not live with spouse/RDP during 2020 . . . . ◉ **1e** ☐

f Legally married/RDP and lived with spouse/RDP during 2020. List the beginning and ending dates for each period when you lived together . . . . ◉ **1f** ☐

	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)
From: ◉		To: ◉		From: ◉		To: ◉	

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

a Son, daughter, stepson, or stepdaughter . . . . ◉ **2a** ☒

b Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece . . . . ◉ **2b** ☐

c Eligible foster child. . . . . ◉ **2c** ☐

d Father, mother, stepfather, or stepmother . . . . ◉ **2d** ☐

e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt . . . . ◉ **2e** ☐

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name	◉	AISLING E
Last Name	◉	MCMANAMON
SSN	◉	658846537
DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2020, go to line 3a. If not, go to line 4.	◉	12/28/2004

a Was your qualifying person a full time student under age 24 in 2020? . . . . ◉ **3a** ☐ Yes ☐ No

b Was your qualifying person permanently and totally disabled in 2020?. . . . . ◉ **3b** ☐ Yes ☐ No

4 Enter qualifying person's gross income in 2020. See instructions. . . . . ◉ | 0.

5 Number of days your qualifying person lived with you during 2020. See instructions. . . . . ◉ | 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacation, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 366 days.

SCHEDULE A (Form 1040) Department of the Treasury Internal Revenue Service (99)	**Itemized Deductions** ▶ Go to *www.irs.gov/ScheduleA* for instructions and the latest information. ▶ **Attach to Form 1040 or 1040-SR.** **Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.	OMB No. 1545-0074 20**20** Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR | Your social security number

MARY E MCMANAMON | 383-68-6449

Medical and Dental Expenses

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	**1**	0.
2	Enter amount from Form 1040 or 1040-SR, line 11 **2**	114,041.	
3	Multiply line 2 by 7.5% (0.075)	**3**	8,553.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	**4**	0.

Taxes You Paid

5	State and local taxes.		
a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ▶ ☐	**5a**	6,117.
b	State and local real estate taxes (see instructions)	**5b**	6,826.
c	State and local personal property taxes	**5c**	153.
d	Add lines 5a through 5c	**5d**	13,096.
e	Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	**5e**	10,000.
6	Other taxes. List type and amount ▶ _____	**6**	
7	Add lines 5e and 6	**7**	10,000.

Interest You Paid

Caution: Your mortgage interest deduction may be limited (see instructions).

8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ▶ ☐		
a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	**8a**	5,706.
b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶ _____	**8b**	
c	Points not reported to you on Form 1098. See instructions for special rules	**8c**	
d	Mortgage insurance premiums (see instructions)	**8d**	
e	Add lines 8a through 8d	**8e**	5,706.
9	Investment interest. Attach Form 4952 if required. See instructions	**9**	
10	Add lines 8e and 9	**10**	5,706.

Gifts to Charity

Caution: If you made a gift and got a benefit for it, see instructions.

11	Gifts by cash or check. If you made any gift of $250 or more, see instructions	**11**	
12	Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	**12**	
13	Carryover from prior year	**13**	
14	Add lines 11 through 13	**14**	

Casualty and Theft Losses

15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	**15**	

Other Itemized Deductions

16	Other—from list in instructions. List type and amount ▶ _____	**16**	

Total Itemized Deductions

17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	**17**	15,706.
18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ▶ ☐		

Schedule A (Form 1040) 2020