

File by Mail Instructions for your 2021 Federal Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



Kairav M Patel
1100 N Placentia Ave, Apt. E28
Fullerton, CA 92831

Balance Due/Refund	Your federal amended tax return shows you are due a refund of \$1,000.00. The IRS estimates it will take up to 16 weeks to process your amended tax return. Your refund will be mailed to you		
What You Need to Mail	<p>Your amended tax return - Form 1040-X. Remember to sign and date the return.</p> <p>Be sure to attach all forms or schedules that changed to your amended return.</p> <p>Mail your return and attachments to: Department of the Treasury Internal Revenue Service Ogden, UT 84201-0052</p> <p>Note: Your state return may be due on a different date. Please review your state filing instructions.</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.		
2021 Federal Tax Return Summary	Adjusted Gross Income Correct Amount	\$	1,568.00
	Taxable Income Correct Amount	\$	0.00
	Total Tax Correct Amount	\$	0.00
	Total Payments/Credits Correct Amount	\$	2,400.00
	Amount to be Refunded	\$	1,000.00



Hi Kairav,

We just want to thank you for using TurboTax this year! It's our goal to make your taxes easy and accurate, year after year.

With TurboTax Self-Employed:

Your Head Start On Next Year:

When you come back next year, taxes will be so easy! All your information will be saved and ready to transfer in to your new return. We'll ask you questions about what changed since we last talked, and we'll be ready to get you the credits and deductions you deserve, no matter what life throws at you.

Here's the final wrap up for your 2021 taxes:

Your federal refund is: \$ 1,000.00

Your Guarantee of Accuracy:

Breathe easy. The calculations on your return are backed with our 100% Accuracy Guarantee.

- We double checked your return for errors along the way.
- We helped with step-by-step guidance to get your answers on the right IRS forms.
- We asked you specific questions related to your business and found all the related deductions.
- We made sure you didn't miss a deduction even if something in your life changed, like a new job, new house - or more kids!

Also included:

- We e-filed your federal returns for free, so you could get your refund the fastest way possible.
- We provide the Audit Support Center free of charge, in the unlikely event you get audited.

Many happy returns from TurboTax.



Your amended return checklist

Just follow these steps and you're done!

1

If you're amending a state return, separate it from your federal return and follow the instructions

Your returns will print together, so you'll need to separate them. Both returns start with an instruction sheet featuring the Intuit TurboTax logo on the top right.

If you added or changed a tax form (like a W-2), **attach a copy** to each return. If a copy of your federal return is printed under your state return, **attach the federal copy** to your state return.

2

Sign and date your return(s)

You'll have to sign and date at the bottom of your return(s). Your federal return is named Form 1040X. If you're filing a state return, the form is located right after the state instructions sheet.

3

If you have a balance due, pay online or send a check with your return

You can pay your federal taxes online at www.irs.gov/payments.

If you're getting a refund, you'll get a paper check in the mail.

4

Write the correct address on your envelope(s)

You can find the mailing address for your federal return on the federal instructions sheet. If you're filing a state return, the address is listed on the state instructions sheet.

5

Drop your return(s) off at the post office

We recommend sending your return(s) by certified mail to ensure correct postage and proof of delivery.

That's it! Here are a few things to keep in mind after you mail your returns:

- Your amended returns will take 12-16 weeks to process.
- You can track your federal amended return at <https://www.irs.gov/filing/wheres-my-amended-return>.
- If you used a paid version of TurboTax, you'll be able to access your amended return at any time. When you log in to TurboTax, scroll down on Tax Home, and click on My Docs to download a copy.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.

► Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** (enter year) **2021** **or fiscal year** (enter month and year ended)

Your first name and middle initial Kairav M	Last name Patel	Your social security number 195-99-7749
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. 1100 N Placentia Ave		Apt. no. E28
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Fullerton CA 92831		Your phone number (408) 904-8575
Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.
☒ 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 ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1 1,568.	0.	1,568.
2 Itemized deductions or standard deduction	2 14,250.	0.	14,250.
3 Subtract line 2 from line 1	3 -12,682.	0.	-12,682.
4a Reserved for future use	4a		
b Qualified business income deduction	4b 0.	0.	
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5 0.	0.	0.
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>	6 0.	0.	0.
7 Nonrefundable credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	7 0.	0.	0.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 0.	0.	0.
9 Reserved for future use	9		
10 Other taxes	10 0.	0.	0.
11 Total tax. Add lines 8 and 10	11 0.	0.	0.
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12 0.	0.	
13 Estimated tax payments, including amount applied from prior year's return	13 0.	0.	
14 Earned income credit (EIC)	14 0.	0.	
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input checked="" type="checkbox"/> other (specify): <u>Recovery Rebate</u>	15 1,400.	1,000.	2,400.
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed		16 0.	
17 Total payments. Add lines 12 through 15, column C, and line 16		17 2,400.	
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS		18 1,400.	
19 Subtract line 18 from line 17. (If less than zero, see instructions.)		19 1,000.	
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference		20	
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return		21 1,000.	
22 Amount of line 21 you want refunded to you		22 1,000.	
23 Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24		
25	Your dependent children who lived with you	25	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26	0	0
27	Other dependents	27	0	0
28	Reserved for future use	28		
29	Reserved for future use	29		
30	List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

- Attach any supporting documents and new or changed forms and schedules.

I changed the information about Earned Income Credit, and I was eligible for America Opportunity Credit.

Sign Here

Remember to keep a copy of this form for your records.

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

► Your signature _____ Date _____ Student Assistant
Your occupation _____

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

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name ► Self-Prepared Firm's EIN ► _____

Firm's address ► _____ Phone no. _____

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. 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 Kairav M		Last name Patel		Your social security number 195-99-7749	
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. 1100 N Placentia Ave				Apt. no. E28	
City, town, or post office. If you have a foreign address, also complete spaces below. Fullerton			State CA		ZIP code 92831
Foreign country name		Foreign province/state/county		Foreign postal code	
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 ☒ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	1,568.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,550• Married filing jointly or Qualifying widow(er), \$25,100• Head of household, \$18,800• If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	1,568.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	1,568.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	14,250.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	14,250.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	14,250.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

Form **1040** (2021)

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Your social security number

195-99-7749

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	2	90,000.
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	3	1,568.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit . . .	4	88,432.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	5	10,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . .	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/> . . .	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below. . .	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . .	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . .	10	
11	Enter the smaller of line 10 or \$10,000 . . .	11	
12	Multiply line 11 by 20% (0.20) . . .	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . .	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . .	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . .	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . .	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . .	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶ . . .	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3 . . .	19	0.

Name(s) shown on return

Kairav M Patel

Your social security number

195-99-7749



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Kairav M Patel	21 Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">195-99-7749</div>
22 Educational institution information (see instructions)	
a. Name of first educational institution California State University Fullerton Student Business Services (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. P.O. Box 6808 Fullerton CA 92834 (2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">33-0632102</div>	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000.
29 Multiply line 28 by 25% (0.25)	29	500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
---	-----------	--

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kairav M Patel

Primary SSN: 195-99-7749

Federal Return Submitted: March 06, 2022 03:31 AM PST

Federal Return Acceptance Date: 03/06/2022

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 18, 2022. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 18, 2022, your Intuit electronic postmark will indicate April 18, 2022, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 18, 2022, and a corrected return is submitted and accepted before April 23, 2022. If your return is submitted after April 23, 2022, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 17, 2022. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 17, 2022, and the corrected return is submitted and accepted by October 22, 2022.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Filing Instructions for your 2021 California Amended Tax Return

Important: Your taxes are not finished until all required steps are completed.



Kairav M Patel
1100 N Placentia Ave APT E28
Fullerton, CA 92831

Balance Due/Refund	Your California state amended tax return shows no balance due or refund amount.		
What You Need to Mail	<p>Your amended tax return - Amended Form 540 or Amended Form 540NR with Schedule X. Remember to sign and date the return.</p> <p>Attach the following to your California tax return:</p> <ul style="list-style-type: none">- a copy of your federal return- all revised forms, schedules, and documents supporting each change, such as corrected forms(s) W-2 or 1099, schedule(s) K-1, escrow statements and the Schedule X. <p>Mail your return and attachments to:</p> <p>Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0001</p> <p>Don't forget correct postage on the envelope.</p>		
What You Need to Keep	<p>Keep these instructions and a copy of your return for your records. You can download or print a copy of your return by logging into your TurboTax account.</p>		
2021 California Tax Return Summary	No Refund or Amount Due	\$	0.00
Special Formatting	<p>Your printed state tax forms may have special formatting on them, such as bar codes or other symbols. This is to enable fast processing. Don't worry, these forms have been approved by your taxing authority and are acceptable for printing and mailing.</p>		

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2021		8453-OL

Your first name and initial KAIRAV M		Last name PATEL	Suffix	Your SSN or ITIN 195-99-7749
If filing jointly, spouse's/RDP's first name and initial		Last name	Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 1100 N PLACENTIA AVE		Apt. no./ste. no. APT E28	PMB/private mailbox	Daytime telephone number (408) 904-8575
City FULLERTON			State CA	ZIP code 92831
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	1,568.
2 Refund or no amount due. See instructions	2
3 Amount you owe. See instructions	3

Part II Settle Your Account Electronically for Taxable Year 2021 (Pay by 4/18/2022)4 ☐ Direct deposit of refund5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____**Part III Make Estimated Tax Payments for Taxable Year 2022** These are NOT installment payments for the current amount you owe.

	First Payment 4/18/2022	Second Payment 6/15/2022	Third Payment 9/15/2022	Fourth Payment 1/17/2023
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 _____	12 The remaining amount of my refund for direct deposit _____
9 Routing number _____	13 Routing number _____
10 Account number _____	14 Account number _____
11 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	15 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the 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/registered domestic partner (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 2021 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 _____

2021**California Resident Income Tax Return****540**

AMENDED 1

APE

ATTACH FEDERAL RETURN

195-99-7749 PATE
KAIRAV M PATEL

21

1100 N PLACENTIA AVE
FULLERTON CA 92831

APT E28

11-18-1997

Enter your county at time of filing (see instructions)

☒ ORANGEIf 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

☒☒☒If your California filing status is different from your federal filing status, check the box here ☐Principal Residence
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.

☐

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. ☐☐

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

☐

X

\$

129

=

☒

\$

☐

129

8

Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2.☒

8

☐

X

\$

129

=

☒

\$

☐

129

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

☐

X

\$

129

=

☒

\$

☐

129

Your name: PATEL Your SSN or ITIN: 195-99-7749

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

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

Total dependent exemptions 10 X \$400 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 258

12	State wages from your federal Form(s) W-2, box 16	12	1568	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	1568	.00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	14	0	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	1568	.00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	16	0	.00
17	California adjusted gross income. Combine line 15 and line 16	17	1568	.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. \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions	18	4803	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	0	.00

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803	31	0	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions.	32	258	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	0	.00
34	Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A	34		.00
35	Add line 33 and line 34	35	0	.00

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: PATEL

Your SSN or ITIN: 195-99-7749

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 0 .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 0 .00

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2021 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 102 .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 ● 78 102 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. ● 91 0 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 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 ● 92 0 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 102 .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. ● 95 102 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. ● 96 .00

Your name:

PATEL

Your SSN or ITIN:

195-99-7749

Overpaid Tax/Tax Due

97	Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95.	<input checked="" type="radio"/>	97	<input type="text" value="102"/>	<input type="text" value=".00"/>
98	Amount of line 97 you want applied to your 2022 estimated tax	<input type="radio"/>	98	<input type="text" value="0"/>	<input type="text" value=".00"/>
99	Overpaid tax available this year. Subtract line 98 from line 97	<input type="radio"/>	99	<input type="text" value="102"/>	<input type="text" value=".00"/>
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65	<input checked="" type="radio"/>	100	<input type="text"/>	<input type="text" value=".00"/>

Contributions

	Code	Amount	
California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/>	<input type="text" value=".00"/>
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/>	<input type="text" value=".00"/>
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/>	<input type="text" value=".00"/>
California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/> 405	<input type="text"/>	<input type="text" value=".00"/>
California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text"/>	<input type="text" value=".00"/>
Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text"/>	<input type="text" value=".00"/>
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/> 408	<input type="text"/>	<input type="text" value=".00"/>
California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text"/>	<input type="text" value=".00"/>
California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text"/>	<input type="text" value=".00"/>
School Supplies for Homeless Children Voluntary Tax Contribution Fund	<input type="radio"/> 422	<input type="text"/>	<input type="text" value=".00"/>
State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text"/>	<input type="text" value=".00"/>
Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/> 424	<input type="text"/>	<input type="text" value=".00"/>
Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text"/>	<input type="text" value=".00"/>
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text"/>	<input type="text" value=".00"/>
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text"/>	<input type="text" value=".00"/>
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/> 439	<input type="text"/>	<input type="text" value=".00"/>
Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text"/>	<input type="text" value=".00"/>
Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text"/>	<input type="text" value=".00"/>
Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text"/>	<input type="text" value=".00"/>
Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	<input type="radio"/> 445	<input type="text"/>	<input type="text" value=".00"/>
California Community and Neighborhood Tree Voluntary Tax Contribution Fund	<input type="radio"/> 446	<input type="text"/>	<input type="text" value=".00"/>
110 Add code 400 through code 446. This is your total contribution	<input type="radio"/> 110	<input type="text"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

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** **.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 ● Account number ● **116** Direct deposit amount
 ☐ Checking **.00**
☐ Savings

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

● Routing number ● Type ● Account number ● **117** Direct deposit amount
 ☐ Checking **.00**
☐ Savings

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

Joint tax return? (See instructions)

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

2021

California Explanation of Amended Return Changes

X

Attach this schedule to amended Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on amended tax return

KAIRAV M PATEL

Your SSN or ITIN

195997749

Part I Financial Adjustments – Reconciliation

1	Enter the amount you owe, as shown on the amended tax return	<input checked="" type="radio"/> 1	<input type="text"/>	.00
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	<input checked="" type="radio"/> 2	<input type="text" value="102."/>	.00
3	Add line 1 and line 2	<input checked="" type="radio"/> 3	<input type="text" value="102."/>	.00
4	Enter the refund, as shown on the amended tax return. See instructions	<input checked="" type="radio"/> 4	<input type="text" value="102."/>	.00
5	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	<input checked="" type="radio"/> 5	<input type="text"/>	.00
6	Add line 4 and line 5	<input checked="" type="radio"/> 6	<input type="text" value="102."/>	.00
7	AMOUNT YOU OWE. If line 3 is more than line 6, subtract line 6 from line 3. See instructions.	<input checked="" type="radio"/> 7	<input type="text"/>	.00
8	Penalties/Interest. See instructions: Penalties 8a <input type="text"/> Interest 8b <input type="text"/>	<input checked="" type="radio"/> 8c	<input type="text"/>	.00
9	Refund subtotal. If line 6 is more than line 3, subtract line 3 from line 6.	<input checked="" type="radio"/> 9	<input type="text" value="0."/>	.00
10	Amount of line 9 you want applied to your 2022 estimated tax. See instructions.	<input checked="" type="radio"/> 10	<input type="text"/>	.00
11	REFUND. See instructions.	<input checked="" type="radio"/> 11	<input type="text" value="0."/>	.00

Part II Reason(s) for Amending

1 Check all that apply:

- | | | |
|--|--|--|
| <input checked="" type="radio"/> a <input type="checkbox"/> Protective claim for refund. See instructions. | <input checked="" type="radio"/> f <input type="checkbox"/> NOL carryback. See instructions. | <input checked="" type="radio"/> k <input type="checkbox"/> Military HR 100 |
| <input checked="" type="radio"/> b <input type="checkbox"/> Reservation source income adjustments | <input checked="" type="radio"/> g <input type="checkbox"/> Error on original return | <input checked="" type="radio"/> l <input type="checkbox"/> Informal claim |
| <input checked="" type="radio"/> c <input type="checkbox"/> Pass-through entity adjustments | <input checked="" type="radio"/> h <input type="checkbox"/> Credit adjustment | <input checked="" type="radio"/> m <input type="checkbox"/> Other. See instructions. |
| <input checked="" type="radio"/> d <input type="checkbox"/> Federal audit and/or adjustments | <input checked="" type="radio"/> i <input checked="" type="checkbox"/> Earned income tax credit / Young child tax credit | |
| <input checked="" type="radio"/> e <input type="checkbox"/> FTB audit contact | <input checked="" type="radio"/> j <input type="checkbox"/> Disaster loss | |

2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN.

EARNED INCOME CREDIT

2021 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

KAIRAV M PATEL

SSN or ITIN

195997749

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**☐

1,568.

☐

0.

☐

0.

2 Taxable interest. **a** ☐ **2b** ☐☐☐☐**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**☐☐**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 Federal net operating loss. **8a**☐☐**b** Gambling income. **8b**☐☐**c** Cancellation of debt **8c**☐☐**d** Foreign earned income exclusion from
federal Form 2555 **8d**☐☐**e** Taxable Health Savings Account distribution . . **8e**☐☐**f** Alaska Permanent Fund dividends **8f**☐**g** Jury duty pay. **8g**☐**h** Prizes and awards **8h**☐

REV 07/27/22 INTUIT.CG.CFP.SP

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income 8i	<input type="radio"/>		
j Stock options 8j	<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"/>		
l Olympic and Paralympic medals and USOC prize money 8l	<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"/>
p Taxable distributions from an ABLÉ account . . 8p	<input type="radio"/>		
z Other income. List type and amount. <input type="radio"/> _____ 8z	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 a Total other income. Add lines 8a through 8z. 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V . 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		<input type="radio"/>	
b4 Student loan discharged due to closure of a for-profit school. 9b4	<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 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. 10	<input type="radio"/> 1,568.	<input type="radio"/> 0.	<input type="radio"/> 0.

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

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"/>
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"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/>	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18 Penalty on early withdrawal of savings. 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/> _____ Last Name <input type="radio"/> _____			
20 IRA deduction. 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction 23	<input type="radio"/>		
24 Other adjustments:			
a Jury duty pay 24a	<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"/>
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"/>	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	<input type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<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"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<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"/>
25 Total other adjustments. Add lines 24a through 24z 25	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input type="radio"/> 1,568.	<input type="radio"/> 0.	<input type="radio"/> 0.

REV 07/27/22 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 <input checked="" type="radio"/> 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 1,568. 2			
3 Multiply line 2 by 7.5% (0.075).... <input checked="" type="radio"/> 118. 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 <input checked="" type="radio"/>			<input checked="" type="radio"/>
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a <input checked="" type="radio"/>		<input checked="" type="radio"/>	
b State and local real estate taxes 5b <input checked="" type="radio"/>			
c State and local personal property taxes 5c <input checked="" type="radio"/> 0.			
d Add line 5a through line 5c. 5d <input checked="" type="radio"/> 0.			
e 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 <input checked="" type="radio"/> 0. <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
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"/> 0. <input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a <input checked="" type="radio"/>			<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098. 8b <input checked="" type="radio"/>			<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c <input checked="" type="radio"/>			<input checked="" type="radio"/>
d Mortgage insurance premiums 8d <input checked="" type="radio"/>		<input checked="" type="radio"/>	
e 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"/>

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check.....12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year.....13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13.....14	<input type="radio"/>	<input type="radio"/>	<input 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	<input type="radio"/> 0.	<input type="radio"/>	<input type="radio"/> 0.
18 Total. Combine line 17 column A less column B plus column C.....			<input type="radio"/> 18 0.
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions..... <input type="radio"/> 19			
20 Tax preparation fees..... <input type="radio"/> 20			
21 Other expenses - investment, safe deposit box, etc. List type..... <input type="radio"/> 21 0.			
22 Add line 19 through line 21..... <input type="radio"/> 22 0.			
23 Enter amount from federal Form 1040 or 1040-SR, line 11..... <input type="radio"/> 1,568.			
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0..... <input type="radio"/> 24 31.			
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0..... <input type="radio"/> 25 0.			
26 Total Itemized Deductions. Add line 18 and line 25..... <input type="radio"/> 26 0.			
27 Other adjustments. See instructions. Specify..... <input type="radio"/> 27			
28 Combine line 26 and line 27..... <input type="radio"/> 28 0.			
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.....\$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 (540), line 29..... <input type="radio"/> 29 0.			
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			
Transfer the amount on line 30 to Form 540, line 18..... <input type="radio"/> 30 4,803.			

2021 California Earned Income Tax Credit**3514**

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

Name(s) as shown on tax return

Your SSN or ITIN

KAIRAV M PATEL

195997749

Before you begin:

If you claim the California Earned Income Tax Credit (EITC) even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/ Registered Domestic Partner's (RDP's) DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☐ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☐ No
- 2** Federal AGI (federal Form 1040 or 1040-SR, line 11) **2** 1568 .00
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 27a) **3** .00

Part II Investment Income Information

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

Part III Qualifying Child Information

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

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2 or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 5 First name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN.
See instructions. ● | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2002 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)?
If yes, go to line 10. If no, go to line 9b. See instructions. | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| b Was the child permanently and totally disabled during any part of 2021? If yes, go to line 10. If no, stop here.
The child is not a qualifying child. | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2021. Do not enter more than 365 days. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12 Child's physical address during 2021. See instructions.

Child 1	<input checked="" type="radio"/>	a Street address (number and street and apt. no./ste. no.)	<input type="text"/>		
	<input checked="" type="radio"/>	b City	<input checked="" type="radio"/>	c State	<input checked="" type="radio"/>
Child 2	<input checked="" type="radio"/>	a Street address (number and street and apt. no./ste. no.)	<input type="text"/>		
	<input checked="" type="radio"/>	b City	<input checked="" type="radio"/>	c State	<input checked="" type="radio"/>
Child 3	<input checked="" type="radio"/>	a Street address (number and street and apt. no./ste. no.)	<input type="text"/>		
	<input checked="" type="radio"/>	b City	<input checked="" type="radio"/>	c State	<input checked="" type="radio"/>

Part IV California Earned Income

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions.	<input checked="" type="radio"/>	13	<input type="text" value="1568"/>	<input type="text" value="00"/>
14 IHSS payments. See instructions.	<input checked="" type="radio"/>	14	<input type="text"/>	<input type="text" value="00"/>
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	<input checked="" type="radio"/>	15	<input type="text"/>	<input type="text" value="00"/>
16 Subtract line 14 and line 15 from line 13.	<input checked="" type="radio"/>	16	<input type="text" value="1568"/>	<input type="text" value="00"/>
17 Nontaxable combat pay. See instructions.	<input checked="" type="radio"/>	17	<input type="text"/>	<input type="text" value="00"/>
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	<input checked="" type="radio"/>	18	<input type="text"/>	<input type="text" value="00"/>
a Business name. <input checked="" type="radio"/> <input type="text"/>				
Street address (number and street and apt. no./ste. no.)				
b Business address. <input checked="" type="radio"/> <input type="text"/>				
City State ZIP code				
<input checked="" type="radio"/> <input type="text"/> <input checked="" type="radio"/> <input type="text"/> <input checked="" type="radio"/> <input type="text"/>				
c Business license number <input checked="" type="radio"/> <input type="text"/>				
d SEIN. <input checked="" type="radio"/> <input type="text"/>				
e Business code <input checked="" type="radio"/> <input type="text"/>				
19 California Earned Income. Add line 16, line 17, and line 18.	<input checked="" type="radio"/>	19	<input type="text" value="1568"/>	<input type="text" value="00"/>

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

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23.	<input checked="" type="radio"/>	20	<input type="text" value="102"/>	<input type="text" value="00"/>
--	----------------------------------	-----------	----------------------------------	---------------------------------

22 Nonresident or Part-Year Resident EITC. Multiply line 20 by line 21.
 This amount should also be entered on Form 540NR, line 85. ● **22** .00

23 California Earned Income. Enter the amount from form FTB 3514, line 19. 23

24 Available Young Child Tax Credit.....	24	1.000	.00
---	-----------	-------	-----

- If the amount on line 23 is \$25,000 or less, skip lines 25 through 27 and enter \$1,000 on line 28. If applicable, complete lines 29 and 30.
- If the amount on line 23 is greater than \$25,000, complete lines 25 through 28. If applicable, complete lines 29 and 30.

25 Excess Earned Income over threshold. Subtract \$25,000 from line 23. ● **25**

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. **26**

27 Reduction amount. Multiply line 26 by \$20. Enter the result as a decimal out to two decimal places, do not round. ● 27

28 Young Child Tax Credit.

- If you did not need to complete lines 25 through 27, your credit is the \$1,000 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. ● 28 .00

29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions . . . **29**

30 Nonresident or Part-Year Resident YCTC. Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. ● **30** .00

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

KAIRAV M PATEL

SSN or ITIN

195-99-7749

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 ● KAIRAV	Initial ● M	SSN ● 195-99-7749	Date of Birth (mm/dd/yyyy) ● 11/18/1997	Modified AGI ● 1,568.
	Last Name ● PATEL		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 ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12	First Name ●	Initial ●	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name ●			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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. _____ 0.



Your amended return checklist

Just follow these steps and you're done!

1

If you're amending a state return, separate it from your federal return and follow the instructions

Your returns will print together, so you'll need to separate them. Both returns start with an instruction sheet featuring the Intuit TurboTax logo on the top right.

If you added or changed a tax form (like a W-2), **attach a copy** to each return. If a copy of your federal return is printed under your state return, **attach the federal copy** to your state return.

2

Sign and date your return(s)

You'll have to sign and date at the bottom of your return(s). Your federal return is named Form 1040X. If you're filing a state return, the form is located right after the state instructions sheet.

3

If you have a balance due, pay online or send a check with your return

You can pay your federal taxes online at www.irs.gov/payments.

If you're getting a refund, you'll get a paper check in the mail.

4

Write the correct address on your envelope(s)

You can find the mailing address for your federal return on the federal instructions sheet. If you're filing a state return, the address is listed on the state instructions sheet.

5

Drop your return(s) off at the post office

We recommend sending your return(s) by certified mail to ensure correct postage and proof of delivery.

That's it! Here are a few things to keep in mind after you mail your returns:

- Your amended returns will take 12-16 weeks to process.
- You can track your federal amended return at <https://www.irs.gov/filing/wheres-my-amended-return>.
- If you used a paid version of TurboTax, you'll be able to access your amended return at any time. When you log in to TurboTax, scroll down on Tax Home, and click on My Docs to download a copy.

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. July 2021)

► Use this revision to amend 2019 or later tax returns.

► Go to www.irs.gov/Form1040X for instructions and the latest information.**This return is for calendar year** (enter year) **2021** **or fiscal year** (enter month and year ended)

Your first name and middle initial Kairav M	Last name Patel	Your social security number 195-99-7749
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Current home address (number and street). If you have a P.O. box, see instructions. 1100 N Placentia Ave		Apt. no. E28
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Fullerton CA 92831		Your phone number (408) 904-8575
Foreign country name	Foreign province/state/county	Foreign postal code

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.
☒ 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 ►

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

Use Part III on page 2 to explain any changes.

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change—amount of increase or (decrease)—explain in Part III	C. Correct amount
Income and Deductions			
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ► <input type="checkbox"/>	1 1,568.	0.	1,568.
2 Itemized deductions or standard deduction	2 14,250.	0.	14,250.
3 Subtract line 2 from line 1	3 -12,682.	0.	-12,682.
4a Reserved for future use	4a		
b Qualified business income deduction	4b 0.	0.	
5 Taxable income. Subtract line 4b from line 3. If the result is zero or less, enter -0-	5 0.	0.	0.
Tax Liability			
6 Tax. Enter method(s) used to figure tax (see instructions): <u>Table</u>	6 0.	0.	0.
7 Nonrefundable credits. If a general business credit carryback is included, check here ► <input type="checkbox"/>	7 0.	0.	0.
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 0.	0.	0.
9 Reserved for future use	9		
10 Other taxes	10 0.	0.	0.
11 Total tax. Add lines 8 and 10	11 0.	0.	0.
Payments			
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing , see instructions.)	12 0.	0.	
13 Estimated tax payments, including amount applied from prior year's return	13 0.	0.	
14 Earned income credit (EIC)	14 0.	0.	
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input checked="" type="checkbox"/> 8863 <input type="checkbox"/> 8885 <input type="checkbox"/> 8962 or <input checked="" type="checkbox"/> other (specify): <u>Recovery Rebate</u>	15 1,400.	1,000.	2,400.
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed		16 0.	
17 Total payments. Add lines 12 through 15, column C, and line 16		17 2,400.	
Refund or Amount You Owe			
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS		18 1,400.	
19 Subtract line 18 from line 17. (If less than zero, see instructions.)		19 1,000.	
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference		20	
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return		21 1,000.	
22 Amount of line 21 you want refunded to you		22 1,000.	
23 Amount of line 21 you want applied to your (enter year): estimated tax 23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

		A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24		
25	Your dependent children who lived with you	25	0	0
26	Your dependent children who didn't live with you due to divorce or separation	26	0	0
27	Other dependents	27	0	0
28	Reserved for future use	28		
29	Reserved for future use	29		
30	List ALL dependents (children and others) claimed on this amended return.			

Dependents (see instructions):

If more than four dependents, see instructions and check here ► <input type="checkbox"/>	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Part II Presidential Election Campaign Fund (for the return year entered at the top of page 1)

Checking below won't increase your tax or reduce your refund.

- ☐ Check here if you didn't previously want \$3 to go to the fund, but now do.
- ☐ Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

Part III Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

- Attach any supporting documents and new or changed forms and schedules.

I changed the information about Earned Income Credit, and I was eligible for America Opportunity Credit.

Sign Here

Remember to keep a copy of this form for your records.

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

► Your signature _____ Date _____ Student Assistant
Your occupation _____

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

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN _____

Firm's name ► Self-Prepared Firm's EIN ► _____

Firm's address ► _____ Phone no. _____

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. 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 Kairav M		Last name Patel		Your social security number 195-99-7749	
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. 1100 N Placentia Ave				Apt. no. E28	
City, town, or post office. If you have a foreign address, also complete spaces below. Fullerton			State CA		ZIP code 92831
Foreign country name		Foreign province/state/county		Foreign postal code	
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. <input type="checkbox"/> You <input type="checkbox"/> Spouse					

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of 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, 1957 ☒ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	1,568.
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRA distributions	4b	
Standard Deduction for— <ul style="list-style-type: none">• Single or Married filing separately, \$12,550• Married filing jointly or Qualifying widow(er), \$25,100• Head of household, \$18,800• If you checked any box under Standard Deduction, see instructions.	5a	Pensions and annuities	5b	
	6a	Social security benefits	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 10	8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	1,568.
	10	Adjustments to income from Schedule 1, line 26	10	
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶	11	1,568.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	14,250.
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	
	c	Add lines 12a and 12b	12c	14,250.
	13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14	Add lines 12c and 13	14	14,250.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	0.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	0.																		
17	Amount from Schedule 2, line 3	17																			
18	Add lines 16 and 17	18	0.																		
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19																			
20	Amount from Schedule 3, line 8	20	0.																		
21	Add lines 19 and 20	21	0.																		
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.																		
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.																		
24	Add lines 22 and 23. This is your total tax	24	0.																		
25	Federal income tax withheld from:																				
a	Form(s) W-2	25a																			
b	Form(s) 1099	25b																			
c	Other forms (see instructions)	25c																			
d	Add lines 25a through 25c	25d																			
26	2021 estimated tax payments and amount applied from 2020 return	26																			
27a	Earned income credit (EIC) No	27a																			
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions <input type="checkbox"/>																				
b	Nontaxable combat pay election	27b																			
c	Prior year (2019) earned income	27c																			
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28																			
29	American opportunity credit from Form 8863, line 8	29	1,000.																		
30	Recovery rebate credit. See instructions	30	1,400.																		
31	Amount from Schedule 3, line 15	31																			
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,400.																		
33	Add lines 25d, 26, and 32. These are your total payments	33	2,400.																		
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,400.																		
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,400.																		
Direct deposit? See instructions.	b Routing number <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X										
X	X	X	X	X	X	X	X	X	X												
	d Account number <table border="1" style="display: inline-table; text-align: center; width: 200px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36 Amount of line 34 you want applied to your 2022 estimated tax	36																			
Amount You Owe	37 Amount you owe . Subtract line 33 from line 24. For details on how to pay, see instructions	37																			
	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.

Your signature

Date

Your occupation

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

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. (408) 904-8575

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 ▶

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

OMB No. 1545-0074

2021Attachment
Sequence No. **50**

Your social security number

195-99-7749

*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.***Part I Refundable American Opportunity Credit**

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . .	1	2,500.
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	90,000.
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	1,568.
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	88,432.
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	10,000.
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)	6	1.000
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>	7	2,500.
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	1,000.

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	1,500.
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	
11	Enter the smaller of line 10 or \$10,000	11	
12	Multiply line 11 by 20% (0.20)	12	
13	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	13	
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)	17	
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	0.

Name(s) shown on return

Kairav M Patel

Your social security number

195-99-7749



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

20 Student name (as shown on page 1 of your tax return) Kairav M Patel	21 Student social security number (as shown on page 1 of your tax return) <div style="text-align: right;">195-99-7749</div>
22 Educational institution information (see instructions)	
a. Name of first educational institution California State University Fullerton Student Business Services (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. P.O. Box 6808 Fullerton CA 92834 (2) Did the student receive Form 1098-T from this institution for 2021? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution. <div style="text-align: center;">33-0632102</div>	b. Name of second educational institution (if any) (1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. (2) Did the student receive Form 1098-T from this institution for 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No (3) Did the student receive Form 1098-T from this institution for 2020 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3) . You can get the EIN from Form 1098-T or from the institution.
23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2021? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 24.	
24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2021 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions. <input checked="" type="checkbox"/> Yes — Go to line 25. <input type="checkbox"/> No — Stop! Go to line 31 for this student.	
25 Did the student complete the first 4 years of postsecondary education before 2021? See instructions. <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Go to line 26.	
26 Was the student convicted, before the end of 2021, of a felony for possession or distribution of a controlled substance? <input type="checkbox"/> Yes — Stop! Go to line 31 for this student. <input checked="" type="checkbox"/> No — Complete lines 27 through 30 for this student.	



You *can't* take the American opportunity credit and the lifetime learning credit for the *same student* in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	4,000.
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	2,000.
29 Multiply line 28 by 25% (0.25)	29	500.
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	2,500.

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	
---	-----------	--