

Review your print out for checklist items.

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	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. 1440 N State College Blvd		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. See instructions. Anaheim CA 92806-1205		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.
Income and Deductions

	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
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.	
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.	
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.	241.	241.
15 Refundable credits from: <input type="checkbox"/> Schedule 8812 Form(s) <input type="checkbox"/> 2439 <input type="checkbox"/> 4136 <input 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.	0.	1,400.
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	1,641.	

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	241.	
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	241.	
22 Amount of line 21 you want refunded to you	22	241.	
23 Amount of line 21 you want applied to your (enter year): estimated tax 23	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 of Earned Income 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		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. 1440 N State College Blvd				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Anaheim			State CA	ZIP code 928061205	
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— • 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 <i>Standard Deduction</i> , 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)

Tax History Report

► Keep for your records

2021

Name(s) Shown on Return

Kairav Patel

	Five Year Tax History:				
	2017	2018	2019	2020	2021
Filing status					Single
Total income					1,568.
Adjustments to income					
Adjusted gross income					1,568.
Tax expense					0.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .					14,250.
Exemption amount . .					0.
QBI deduction					
Taxable income					0.
Tax					
Alternative min tax . .					
Total credits					
Other taxes					
Payments					1,641.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund					1,641.
Effective tax rate % . .					-15.37
**Tax bracket %					

**Tax bracket % is based on Taxable income.

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Some options cost money and some options are free. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS") for an additional fee of \$0.00 (the "RPS fee"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) the RPS fee, any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS, which requires the payment of a fee, in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 11.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	No additional cost.
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	\$0.00 ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of an RPS Fee, a TurboTax fee and any fees for additional products and services purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

We need your consent to process with this payment option

This is an IRS requirement

The purpose of this agreement is to confirm that you are eligible for this payment option. By agreeing, you allow Intuit, the maker of TurboTax software, to verify that your refund is enough to cover total fees and applicable sales tax and to evaluate your current and future eligibility for the Refund Processing Service.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. You specify that your consent is valid for three years from the date of this signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name(s) and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit, the maker of TurboTax, to use the information provided in this 2021 return to determine whether a portion of the refund can be used to pay my fees and to evaluate my current and future eligibility for the Refund Processing Service.

Kairav
First Name

Patel
Last Name

Please type the date below:

03/06/2022

Date

FORM 1040 or FORM 1040-SR WORKSHEET
NOTE: Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.

2021

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ►
QuickZoom to Schedule 2 — Additional Taxes ►
QuickZoom to Schedule 3 — Additional Credits and Payments ►

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2021, or other tax year
beginning _____, 2021, ending _____, 20 ____.

Your First Name MI Last Name Your Social Security No.
Kairav Patel 195-99-7749
If Joint Return, Spouse's First Name MI Last Name Spouse's Social Security No.

Home Address (No. and Street). If You Have a P.O. Box, See Instructions. Apt. No.
1440 N State College Blvd
City, Town or Post Office. If you have a foreign address, also complete below. State ZIP Code
Anaheim CA 92806-1205
Foreign country name Foreign province/state/county Foreign postal code

QuickZoom to explanation statement for overseas extension ►

Presidential Election Campaign

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

At any time during 2021, did you receive, sell, exchange, or otherwise
dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here.
☐ Head of household (with qualifying person). (See instructions) If the qualifying person is a child
but not your dependent, enter the child's name here. ►
☐ Qualifying widow(er) (See instructions)

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for: under age 18 qualifying for 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"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

- ☐ Someone can claim you as a dependent
☐ Someone can claim your spouse as a dependent

- a** Check if: ☐ You were born before January 2, 1957 ☒ Blind
☐ Spouse was born before January 2, 1957 ☐ Blind
Total boxes checked **a** 1
- b** If your spouse itemizes on a separate return or you were a dual-status alien, check here **b** ☐

QuickZoom to required PPP loan forgiveness statement to report tax-exempt income.

Form 1040 or Form 1040-SR, Lines 1 - 7

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	<u>1,568.</u>
2 a	Tax-exempt interest 2a		
b	Taxable interest	2b	
3 a	Qualified dividends 3a		
b	Ordinary dividends	3b	
4 a	IRA distributions 4a		
b	Taxable amount	4b	
5 a	Pensions and annuities 5a		
b	Taxable amount	5b	
6 a	Social security benefits 6a		
b	Taxable amount	6b	
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here. <input type="checkbox"/>	7	

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income

Form 1040 or Form 1040-SR, Lines 8 - 11

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		<u>1,568.</u>
10	Adjustments to income from Schedule 1, line 26 10		
11	Subtract line 10 from line 9. This is your adjusted gross income 11		<u>1,568.</u>
	AGI including excludable Puerto Rico Income		<u>1,568.</u>

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12	Standard deduction or itemized deductions (from Schedule A) Standard Deduction for —		
	<ul style="list-style-type: none"> ● People who checked blind or over 65 or who can be claimed as a dependent, see instructions. ● All others: <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 <i>Standard Deduction</i>, see instructions. 		
	QuickZoom to the Standard Deduction Worksheet.		
a	Itemized deductions (from Schedule A) or your standard deduction , see above 12 a	<u>14,250.</u>	
	Enter the smaller of these cash contributions made or \$300 (\$600 if married filing jointly) on line 12b below if you take the standard deduction		
b	Charitable contributions if you take the standard deduction. 12 b		
c	Add lines 12a and 12b.		<u>14,250.</u>
	Subtract itemized or standard deduction from adjusted gross income amount		<u>-12,682.</u>

Form 1040 or Form 1040-SR, Lines 13 - 18

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. Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>		
17	Amount from Schedule 2, line 3.	17	0.
18	Add lines 16 and 17	18	0.
QuickZoom to Schedule 2 — Additional Tax section ▶			

Form 1040 or Form 1040-SR, Line 19 - 24

19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8.	20	
21	Add lines 19 and 20	21	
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.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶			

Form 1040 or Form 1040-SR, Lines 25 - 33

25	Federal income tax withheld from:		
a	Form(s) W-2	25 a	
b	Form(s) 1099	25 b	
c	Other forms	25 c	
d	Add lines 25a through 25c.	25 d	
26	2021 estimated tax payments and amount applied from 2020 return	26	
27	If you have a qualifying child, attach Sch. EIC.		
a	Earned income credit (EIC) 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 ▶ <input type="checkbox"/>	27 a	241.
b	Nontaxable combat pay election	27 b	
c	Prior year (2019) earned income	27 c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8.	29	
30	Recovery rebate credit.	30	1,400.
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your other payments and refundable credits ▶	32	1,641.
33	Add Lines 25d, 26, and 32. These are your total payments ▶	33	1,641.

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶

QuickZoom to "due diligence checklist" substitute for Form 8867. ▶

QuickZoom to Schedule 3 — Additional Credits and Payments ▶

Form 1040 or Form 1040-SR, Lines 34 - 36**Refund:****34** If total Payments is more than total tax, subtract **total tax** from **payments**This is the amount you **overpaid****34**

1,641.

35 a Amount of overpayment you want **refunded to you**.If Form 8888 is attached, check here. ☐**35**

1,641.

Direct deposit?

b Routing number XXXXXXXXX**c** Type:☐ Checking
☐ Savings**d** Account number XXXXXXXXXXXXXXXXXXXX**36** Amount of overpayment on line 34 you wantapplied to your **2022 estimated tax** **36****Form 1040 or Form 1040-SR, Lines 37 and 38****Amount You Owe:****37** Subtract total payments from total tax **37****Note:** Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2021. See Schedule 3, line 12e, and its instructions for details.**38** Estimated tax penalty **38****QuickZoom** to Late Penalties and Interest Worksheet **QuickZoom.****Schedule 1 – Additional Income and Adjustments to Income****Part I Additional Income****1** Taxable refunds, credits, or offsets of state and local income taxes **1****Alimony Received Smart Worksheet****A** Taxpayer Spouse Date of divorce/sep *
B ☐

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a	Alimony received. . . . Taxpayer _____ Spouse _____	2 a	
b	Date of original divorce or separation agreement <input type="checkbox"/>		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss 8 a		
b	Gambling income 8 b		
c	Cancellation of debt 8 c		
d	Foreign earned income exclusion from Form 2555 8 d		
e	Taxable Health Savings Account distribution 8 e		
f	Alaska Permanent Fund dividends 8 f		
g	Jury duty pay 8 g		
h	Prizes and awards 8 h		
i	Activity not engaged in for profit income 8 i		
j	Stock options 8 j		
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 8 k		
l	Olympic and Paralympic medals and USOC prize money 8 l		
m	Section 951(a) inclusion 8 m		
n	Section 951A(a) inclusion 8 n		
o	Section 461(l) excess business loss adjustment 8 o		
p	Taxable distributions from an ABL account 8 p		
z	Other income. List type and amount: 8 z		
9	Total other income. Add lines 8a through 8z 9		
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8. 10		
	Total Income. Combine Form 1040 lines 1- 7 and Schedule 1, line 10, enter on Form 1040, line 9. 1,568.		

Quickzoom to 1040 Worksheet, line 9 – **Total Income** **QuickZoom.**

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	

Alimony Paid Smart Worksheet

	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
A					
B					

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

19 a	Alimony paid	19 a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay	24 a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24 b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24 c	
d	Reforestation amortization and expenses	24 d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24 e	
f	Contributions to section 501(c)(18)(D) pension plans.	24 f	
g	Contributions by certain chaplains to section 403(b) plans	24 g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims	24 h	
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	24 i	
j	Housing deduction from Form 2555	24 j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24 k	
z	Other adjustments. List type and amount:	24 z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	

Schedule 2 – Additional Taxes**Part I Tax**

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6		7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required		8	
9	Household employment taxes from Schedule H		9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required		10	
11	Additional Medicare Tax. Attach Form 8959.		11	
12	Net investment income tax. Attach Form 8960		12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from W-2, box 12.		13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.		15	
16	Recapture of low-income housing credit. Attach Form 8611		16	
17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount: ▶ _____	17 a		
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17 b		
c	Additional tax on HSA distributions. Attach Form 8889.	17 c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17 d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17 e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	17 f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17 g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17 h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17 i		
j	Section 72(m)(5) excess benefits tax	17 j		
k	Golden parachute payments	17 k		
l	Tax on accumulation distribution of trusts	17 l		
m	Excise tax on insider stock compensation from an expatriated corporation	17 m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17 n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17 o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17 p		
q	Any interest from Form 8621, line 24.	17 q		
z	Any other taxes. List type and amount: ▶ _____	17 z		
18	Total additional taxes. Add lines 17a through 17z.		18	
19	Additional tax from Schedule 8812		19	
20	Section 965 net tax liability installment from Form 965-A.	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . .		21	0.
	Total tax (add line 21 and Schedule 3, line 7b)			0.

Schedule 3 – Additional Credits and Payments**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11.		
2	Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6 a	
b	Credit for prior year minimum tax. Attach Form 8801	6 b	
c	Adoption credit. Attach Form 8839	6 c	
d	Credit for the elderly or disabled. Attach Schedule R	6 d	
e	Alternative motor vehicle credit. Attach Form 8910	6 e	
f	Qualified plug-in motor vehicle credit.		
	Attach Form 8936	6 f	
g	Mortgage interest credit. Attach Form 8396	6 g	
h	District of Columbia first-time homebuyer credit.		
	Attach Form 8859	6 h	
i	Qualified electric vehicle credit. Attach Form 8834	6 i	
j	Alternative fuel vehicle refueling property credit.		
	Attach Form 8911	6 j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6 k	
l	Amount on Form 8978, line 14	6 l	
z	Other nonrefundable credits. List type and amount:		
	▶ _____	6 z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 5 and 7.		
	Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	
a	Add line 8 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 8a from tax on line 18 above		0.

Quickzoom to 1040 Worksheet, line 24 – Total Tax ▶ QuickZoom.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken before April 1, 2021	13 b	
c	Health coverage tax credit from Form 8885	13 c	
d	Credit for repayment of amounts included in income from earlier years	13 d	
e	Reserved for future use	13 e	
f		13 f	
g	Credit for child and dependent care expenses from Form 2441, line 10. Attach Form 2441	13 g	
h	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 for leave taken after March 31, 2021	13 h	0.
z	Other payments or refundable credits. List type and amount . ▶		
	_____	13 z	

14	Total other payments or refundable credits. Add lines 13a through 13z.	14	0.
15	Total Payments: Part II, lines 9 through 12 and 14, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30.	15	1,641.
	Other Payments and Refundable Credits (Form 1040, line 32) . ▶		1,641.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ **Yes.** Complete the following. ☒ **No**

Designee's Name ▶ _____
 Phone Number ▶ _____ Personal Identification Number (PIN) . . ▶ _____

Signature and Paid Preparer**Sign Here**

Joint return? See instructions.

Keep a copy of this return for your records.

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 accurately list all amounts and sources of income I received during the year. 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

Spouse's Signature. If joint, **both** must sign.

Date

Student Assistant ▶ _____

Spouse's Occupation ▶ _____

Daytime Phone No.

(408) 904-8575

Email Address

Paid Preparer's Use Only

Print/Type Preparer's name

Preparer's PTIN

Check if:

Preparer's Signature

Date

☐ Self-employed

Firm's Address (or yours if self-employed)

Firm's EIN.

Phone No.

Self-Prepared

State

ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return Kairav Patel	Your SSN 195-99-7749
---	-------------------------

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2020 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0 .
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0 .

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6.	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5.	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3 _____	x	=
_____	x	=
_____	x	=
_____	x	=
Penalty on early withdrawal of savings		
Other modifications:		

Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2020	(c) Suspended 12/31/2021	(d) Used against activity	(e) Used against other passive

Federal Information Worksheet

► Keep for your records

2021

Part I – Personal InformationInformation in Part I is **completely calculated** from entries on Personal Information Worksheets.**Taxpayer:**

First name Kairav
 Middle initial Suffix
 Last name Patel
 Social security no. 195-99-7749
 Occupation Student Assistant
 Date of birth 11/18/1997 (mm/dd/yyyy)
 Age as of 1-1-2022 24
 Daytime phone (408) 904-8575 Ext
 Legally blind ☒
 Date of death

Dependent of Someone Else:

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
 If yes, **was** taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Credit for the Elderly or Disabled (Schedule R):

Is the taxpayer retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Spouse:

First name
 Middle initial Suffix
 Last name
 Social security no.
 Occupation
 Date of birth (mm/dd/yyyy)
 Age as of 1-1-2022
 Daytime phone Ext
 Legally blind ☐
 Date of death

Dependent of Someone Else:

Can spouse be claimed as dependent of another person (such as parent)? . . ☐ Yes ☐ No
 If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Credit for the Elderly or Disabled (Schedule R):

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Presidential Election Campaign Fund:

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☐ No

Part II – Address and Federal Filing Status (enter information in this section)**US Address:**

Address 1440 N State College Blvd Apt no.
 City Anaheim State CA ZIP code 92806-1205

Foreign Address: Check this box to use foreign address . . ☐

Address Apt no.
 City
 Foreign code Foreign country
 Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
 Check to print phone number on Form 1040 . . . ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

Federal filing status:

☒ 1 Single
☐ 2 Married filing jointly
☐ 3 Married filing separately
 Check this box if you **did not** live with your spouse at any time during the year. ☐
 Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help) ☐
☐ 4 Head of household
 If the 'qualifying person' is your child but **not** your dependent:
 Child's First name MI Last Name Suff
 Child's social security number
☐ 5 Qualifying widow(er)
 Check the appropriate box for the year your spouse died 2019 ☐ 2020 ☐
 Are you a dependent with a qualifying child Yes ☐ No ☐
 Enter qualifying person's name:
 Child's First name MI Last Name Suff
 Child's social security number

Part III – Dependent/Earned Income Credit/Child and Dependent Care Credit Information

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

First name Last name	MI Suff	Social security number Relationship	Date of birth (mm/dd/yyyy)			Date of death (mm/dd/yyyy)	E I C	Lived with taxpyr in U.S.	Not qual credit other dep Educ Tuitn and Fees	* D e p
			Age	C o d e	Not qual for child tax cr	Qualified child/dep care exps incurred and paid 2021				

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☒ No

Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2021? ☒ Yes ☐ No

If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐

Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2021 ☐

Check if you were notified by the IRS that EIC cannot be claimed in 2021 or if you are ineligible to claim the EIC in 2021 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☐ Yes ☒ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ Bank of America

Check the appropriate box ☐ Checking ☒ Savings

Routing number ☐ 121000358 Account number ☐ 325141532620

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐

Balance-due amount from this return ☐

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above ☐

Balance-due amount from this **amended** return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐

Check this box if you are married filing separately and your spouse itemized deductions ☐

Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No

Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2021, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐

Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ☐

Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐

Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040 ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number ☐

Personal Identification number (enter any 5 numbers) ☐

Disaster Tax Relief:

Check if you took a disaster distribution between 2018 and 2020 ☐

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2021 ▶ CA

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2021 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint
_____	_____
_____	_____
_____	_____
_____	_____

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN . . . _____

Spouse's Prior year PIN . . . _____

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 11897

Spouse's PIN used to sign the return _____

Taxpayer:

Drivers license or state ID number Y5113692

Issued by what state CA

License or ID license . ▶ ☒ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

Spouse

Drivers license or state ID number _____

Issued by what state _____

License or ID license . ▶ ☐ ID . ▶ ☐ neither . ▶ ☐ decline . ▶ ☐

**Personal Information Worksheet
For the Taxpayer**

2021

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Kairav Middle initial . . . Last name . . . Patel
Suffix
Social security no. . . 195-99-7749 Member of U.S. Armed Forces in 2021? . . ☐ Yes ☒ No
Date of birth 11/18/1997 (mm/dd/yyyy) age as of 1-1-2022 24
Occupation Student Assistant Daytime phone (408) 904-8575 Ext
Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2021 ► ☐ 2021 . ► ☐ 2020 . ► ☐ 2019 . ► ☐ Before 2019 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No
Check if this person is legally blind ► ☒ Yes ☐ No
If deceased, enter the date of death ► (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2022 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ►
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 **Can** someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2021? ► ☒ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2021? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2021 CA
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2021
Unreimbursed medical expenses paid for qualifying person in 2021
Employment taxes paid for dependent care providers in 2021
Full-time student for 5 calendar months during 2021? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

Student Information Worksheet

2021

► Keep for your records

Name of Student Kairav Patel	Social Security Number 195-99-7749
---------------------------------	---------------------------------------

Part I – Student Status

- Was this person a student during 2021? ☒ Yes ☐ No
- What kind of school did the student attend during 2021? (Check all that apply.)

a <input type="checkbox"/> Elementary	d <input type="checkbox"/> Vocational school	g <input type="checkbox"/> Not applicable
b <input type="checkbox"/> High school (secondary)	e <input type="checkbox"/> Military academy	
c <input checked="" type="checkbox"/> College (postsecondary)	f <input type="checkbox"/> Apprenticeship (Qualified Tuition Program only)	
- Did the student receive scholarships or other education assistance? ☐ Yes ☐ No
- Qualified Tuition Program only:
 - Did the student make any education loan payments to treat as expenses? ☐ Yes ☒ No
 If Yes, or line 2f is checked, complete the Apprenticeship and Education Loan Smart Worksheet in Part VIII, Qualified Tuition Program (Section 529 Plan) below.

Part II – College Student Information

- Did the student complete the first 4 years of postsecondary education as of 1/1/2021? ☒ Yes ☐ No ☐ NA
- Was this student enrolled at an eligible education institution during 2021? ☒ Yes ☐ No ☐ NA
- Was this student enrolled in a program that leads to a degree, certificate, or credential? ☒ Yes ☐ No ☐ NA
- Was this student taking courses as part of a postsecondary degree program or to acquire or improve job skills? ☒ Yes ☐ No ☐ NA
- Did this student take at least one-half the normal full-time workload for one academic period? ☒ Yes ☐ No ☐ NA
- Has this student been convicted of a felony for possessing or distributing a controlled substance? ☐ Yes ☒ No ☐ NA
- Is this student an eligible dependent of the taxpayer? ☐ Yes ☒ No ☒ NA
- In how many prior years has an American Opportunity Credit been claimed for this student? ☐ NA
- In how many prior years has a Hope Credit been claimed for this student ☐ NA

Part III – Education Credit Qualifications (Determined based entries in Part II)

- Is this student qualified for the American Opportunity Credit? ☐ Yes ☒ No
Already completed 4 years of college
- Is this student qualified for the Lifetime Learning Credit? ☒ Yes ☐ No
- Reserved ☐ Yes ☐ No

Part IV – Educational Institution and Tuition Summary

Received 2020 1098T with Box 2 filled and box 7 checked? <input checked="" type="checkbox"/>					
School Name EIN	Address (number, street, apt no., city, state, and ZIP Code)	Tuition paid	Scholar- ships or grants	On Form 1098-T	
California State University Fullerton Student Business Services 33-0632102	P.O. Box 6808 Fullerton CA 92834	15,537.	0.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a foreign address: foreign province/state: _____ Postal code: _____ Country: _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals		15,537.	0.		

Are all School Employer Identification Numbers (EIN) known? (School EIN's must be entered in the program to claim the American Opportunity Credit) ☒ Yes ☐ No

Part V – Education Assistance (Scholarships, Fellowships, Grants, etc.)

	Total	Taxable	Tax-free
1 Educational assistance that is always tax-free:			
a Veteran or employer assistance from Form 1098-T Worksheets . . .	_____		
b Other veteran assistance or certain Indian tribal payments	_____		
c Other tax-free employer-provided assistance	_____		
d Total	_____		_____
2 Scholarships, fellowships, and grants not reported on Form W-2:			
a Scholarships and grants from Part IV above	_____		
b Other scholarships, fellowships and grants	_____		
c Total	_____		
3 Scholarship reported in 2021 not allocable to 2021 expense	_____		
4 Amount required to be used for other than qualified education expenses		_____	
5 Subtract line 3 and 4 from line 2c.		_____	
6 Total qualified education expenses from Part VI below.	15,537.		
7 If student is a candidate for a degree, enter the amount used for qualified education expenses, otherwise, enter -0-.			_____
8 Subtract line 7 from line 5.		_____	
9 Taxable part. Add lines 4 and 8.		_____	
10 Tax-free educational assistance. Add lines 1d and 7			_____

Part VI – Education Expenses

Description	Total	Amount eligible for						
		American Opportunity Credit	Lifetime Learning Credit	Reserved	Qualified Higher Education Expense for 529 Plan	Qualified Higher Education Expense for ESA	Qualified Higher Education Expense for US Bonds	Qualified Elementary and Secondary Expense for ESA and QTP
		Not Qualified			Not Applicable	Not Applicable	Not Applicable	Not Applicable
Expenses:								
1 Tuition paid from Part IV and qualified elementary and secondary tuition.	15,537.	15,537.	15,537.		15,537.	15,537.	15,537.	
Paid to institution as a condition of enrollment:								
2 Fees								
3 Books, supplies, equipment								
Paid to other than institution or not a condition of enrollment:								
4 Books, supplies, equipment								
5 Other course-related . . .								
6 Room and board								
7 Special needs expenses . .								
8 Computer expenses								
9 QTP or ESA contribution .								
10 Academic tutoring								
11 Uniforms								
12 Transportation								
13 Total qualified expenses . .	15,537.	15,537.	15,537.		15,537.	15,537.	15,537.	
Adjustments:								
14 Refunds								
15 Tax-free assistance								

16	Deducted on Sched A . . .							
17	Used for credit							
18	Used for exclusion		0.	0.				
	See tax help							
19	Total adjustments.		0.	0.				
20	Adjusted qualified expenses	15,537.	15,537.	15,537.		15,537.	15,537.	15,537. 0.

Kairav Patel

195-99-7749 Page 3

Part VII – Education Credit or Deduction Election

1	Elect credit or deduction which results in best tax outcome.	<input checked="" type="checkbox"/>
2	Elect the American Opportunity Credit	<input type="checkbox"/>
3	Elect the Lifetime Learning Credit	<input type="checkbox"/>
4	Reserved	<input type="checkbox"/>
5	Not applicable	<input type="checkbox"/>

Part VIII – Qualified Tuition Program (Section 529 Plan)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Enter the total distributions from this QTP during 2021	
2	Enter the amount of adjusted qualified education expenses attributable to this QTP:	
a	Qualified Education Loan Payments	
b	Qualified Education Loan Payments applied	
c	Qualified Apprenticeship Education Expenses	
d	Qualified Apprenticeship Education Expenses applied	
e	Qualified Elementary and Secondary Education Expenses	
f	Qualified Elementary and Secondary Education Expenses applied	
g	Adjusted Qualified Higher Education Expenses	
h	Adjusted Qualified Higher Education Expenses applied	
3	Total qualified education expenses attributable to this QTP	
4	Excess distributions. Subtract line 3 from line 1.	
	If line 4 is greater than zero, complete lines 5 through 8.	
5	Total distributed earnings from Form 1099-Q box 2	
6	Fraction. Divide line 3 by line 1.	
7	Multiply line 5 by line 6.	
8	Earnings taxable to recipient. Subtract line 7 from line 5.	

Part IX – Education Savings Account (ESA)

	For Purposes of Regular Tax	For Purposes of 10% Additional Tax
1	Total Education Savings Account (ESA) distributions from Form 1099-Q. . .	
2	Qualified Elementary and Secondary Education Expenses	
3	Qualified Elementary and Secondary Education Expenses applied	
4	Subtract line 3 from line 1.	
5	Adjusted Qualified Higher Education Expenses	
6	Qualified Higher Education Expenses applied to ESA distributions	
7	Excess distributions. Subtract line 6 from line 4.	
8	Distributions taxable to recipient	

Part X – Series EE and I U.S. Savings Bonds Issued After 1989

1	Total proceeds from U.S. Savings Bonds cashed during 2021 for this student.	
2	Adjusted Qualified Higher Education Expenses.	
3	Qualified Higher Education Expenses applied to exclusion of U.S. bond interest	
4	Interest included in line 1	
5	Name and address of eligible educational institution(s) attended:	
	Institution Name	Institution Name

Street address

Street address

City

State

Zip Code

City

State

Zip Code

Part-Year Resident State Allocation Worksheet

2021

► Keep for your records

Check the box to activate this worksheet ☐

Name(s) Shown on Return Kairav Patel	Social Security Number 195-99-7749
---	---------------------------------------

INCOME	Federal Amount	Resident State	Source State	Allocated Amount
1 T Wages, salaries, tips				
S Wages, salaries, tips				

* Enter state of source only if income is associated with a trade or a business ▼

	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
2 T Taxable interest						
S Taxable interest						
3 T Dividends						
S Dividends						
4 T State/local tax refund						
S State/local tax refund						
5 T Alimony received						
S Alimony received						

* Enter the state of source for this income ▼

INCOME (continued)	Federal Amount		Residency Info			* Src St	Allocated Amount
	Total	Subtotal	From mm/dd	To mm/dd	Res St		
6 T Business inc or loss .							
S Business inc or loss .							
7 T Farm income or loss .							
S Farm income or loss .							
8 Total Schedule E. T		See Sch E Income Allocation Smart Worksheet					
S							

* Enter the state of source for this income (See Tax Help) ▼

INCOME (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
9 T Capital gain or loss						
S Capital gain or loss						
10 T Other gains/losses						
S Other gains/losses						
11 T Unemployment compensation .						
S Unemployment compensation .						

	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res State	
12 T Taxable IRA distributions					
S Taxable IRA distributions					
13 T Taxable pensions/annuities . . .					
S Taxable pensions/annuities . . .					
14a T Taxable social security benefits .					
S Taxable social security benefits .					
b T Taxable railroad retirements . .					
S Taxable railroad retirements . .					
15 Total other income T					
S					
16 Total Income. T					
S					

ADJUSTMENTS	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
17 T Educator expenses					
S Educator expenses					
18 Certain business expenses T					
S					
19 T Health savings account deduction . . .					
S Health savings account deduction . . .					
20 T Moving expenses					
S Moving expenses					
21 T Penalty - early withdrawal of savings . .					
S Penalty - early withdrawal of savings . .					

ADJUSTMENTS (continued)	Federal Amount	Residency Info			Allocated Amount
		From mm/dd	To mm/dd	Res St	
22 T Alimony paid S Alimony paid					
23 T IRA deduction S IRA deduction					
24 T Student loan interest deduction S Student loan interest deduction					

* Enter the state of source for this adjustment ▼

ADJUSTMENTS (continued)	Federal Amount	Residency Info			* Src St	Allocated Amount
		From mm/dd	To mm/dd	Res St		
25 T Self-employment tax						
S Self-employment tax						
26 T SEP, SIMPLE and qualified plans .						
S SEP, SIMPLE and qualified plans .						
27 T Self-employed health insurance . .						
S Self-employed health insurance . .						
28 T Reserved						
S Reserved						
29 Other adjustments T						
S						
	Federal Amount	From mm/dd	To mm/dd	Res St		Allocated Amount
30 Total adjustments T						
S						
31 Adjusted gross income T						
S						

► Keep for your records

Name(s) Shown on Return
Kairav PatelSocial Security Number
195-99-7749

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	1,568.		1,568.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	0.		0.
2	Total federal tax withheld			
3 & 7	Total social security wages/tips			
4	Total social security tax withheld			
5	Total Medicare wages and tips			
6	Total Medicare tax withheld			
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans . . .			
12 a	Total from Box 12			
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans. .			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan. .			
g	Income 409A nonqual deferred comp plan. . .			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1 . .			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12			
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	1,568.		1,568.
17	Total state tax withheld			
19	Total local tax withheld.			

Name
Kairav PatelSocial Security Number
195-99-7749**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.**a** Employee's social security no. . . 195-99-7749**b** Employer ID number (EIN). . . 94-6001347**c** Employer's name, address, and ZIP codeSTATE OF CALIFORNIAStreet PO BOX 942850City SACRAMENTOState CA ZIP Code 94250-5878

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

d Control number . _____**Transfer employee information from
the Federal Information Worksheet****e** Employee's nameFirst Kairav M.I. _____Last Patel Suff. _____**f** Employee's address and ZIP codeStreet 1440 N State College BlvdCity AnaheimState CA ZIP Code 92806-1205

Foreign Province _____

Foreign Postal Code _____

Foreign Country _____

1 Wages, tips, other
compensation1,568.00**3** Social security wages**5** Medicare wages and tips**7** Social security tips

► Enter unreported tips in Part VII on Page 2 below.

2 Federal income
tax withheld**4** Social security tax withheld**6** Medicare tax withheld**8** Allocated tips**9****10** Dependent care benefits**11** Nonqualified plans**12** Enter box 12 below**13** ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay**14** Enter box 14 below **after** entering boxes 18, 19, and 20.**NOTE:** Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax . . . _____
_____	_____	P: Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R: Enter MSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	W: Enter HSA contribution for Taxpayer . . . _____
_____	_____	Spouse _____
_____	_____	G: Is employer a state or local government? Yes <input type="checkbox"/> No <input type="checkbox"/>

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
<u>CA</u>	<u>80040397</u>	<u>1,568.00</u>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1098-T
Worksheet

Tuition Statement
► Keep for your records

2021

Taxpayer's name <u>Kairav Patel</u>	Social Security No. <u>195-99-7749</u>
--	---

1098-T Information (Required):

- A** A Form 1098-T was received from this institution for 2021. Yes ☒ No ☐
- B** A Form 1098-T was received from this institution for **2020** with Box 2 filled in and Box 7 checked Yes ☐ No ☒

Identify Student (Required):

- A** If student is Kairav
Double-click to link this 1098-T to the applicable Taxpayer or Spouse Student Information Worksheet ► Kairav
- B** If student is _____
Double-click to link this 1098-T to the applicable Dependent Student Information Worksheet ► _____

Filer's name <u>California State University Fullerton Student Business Services</u> Street address <u>P.O. Box 6808</u> City _____ State _____ Zip Code _____ <u>Fullerton</u> <u>CA</u> <u>92834</u> Foreign province/county _____ Foreign postal code _____ Foreign country _____		1 Payments received for qualified tuition and related expenses \$ <u>15,537.</u>	
		2	
		3	
Filer's Employer Identification Number <u>33-0632102</u>	Student's Taxpayer Identification Number <u>195-99-7749</u>	4 Adjustments made for a prior year \$ _____	5 Scholarships or grants \$ _____
Student's name <u>KAIRAV MAHESHBHAI PATEL</u> Street address _____ Apt. No. _____ <u>805 S BREA BLVD</u> City _____ State _____ Zip Code _____ <u>BREA</u> <u>CA</u> <u>92821</u>		6 Adjustments to scholarships or grants for a prior year \$ _____	7 Checked if the amount in box 1 includes amounts for an academic period beginning January - March 2022 ► <input checked="" type="checkbox"/>
Service Provider/ Acct No <u>885933333</u>	8 Check if at least half-time student ► <input checked="" type="checkbox"/>	9 Check if a graduate student . . ► <input checked="" type="checkbox"/>	10 Ins. contract reimb./refund \$ _____

Reconciliation of Box 1, Payments Received for Qualified Tuition and Related Expenses

- A** Enter box 1 amount **not** paid during 2021 0.
- B** Enter box 1 amount actually paid during 2021 15,537.

Reconciliation of Box 5, Scholarships or Grants

- A** Enter portion of box 5 amount from veteran- or tax free employer-provided assistance . . . _____
- B** Enter portion of box 5 amount already included in income (on Forms W-2, 1099-MISC) . . . _____
- C** Portion of box 5 amount from scholarships or grants _____
- D** Box 5 amount includes veteran- or employer-provided educational assistance ☐

Form 1099-Q Summary**2021**

► Keep for your records

Name(s) Shown on Return

Kairav Patel

Social Security No.

195-99-7749

Coverdell Educational Savings Account (ESA) Distributions		Recipient Taxpayer	Recipient Spouse
1	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another ESA of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Return of 2021 contributions		
e	Less: Return of pre 2021 contributions. These are reported on the tax return in the year the contribution was made, not on the 2021 tax return		
2	Balance of gross Coverdell ESA distributions		
3	Education expenses not used as basis for credits		
4	Amount of ESA distributions after return of basis		
5	Earnings on return of 2021 contributions		
6	Earnings on non-family member transfer		
7	Taxable amount of ESA distributions on line 2		
8	Taxable amount included on Schedule 1 (Form 1040), line 21		
9	Non-taxable ESA distributions		
Gross State Qualified Tuition Plan (QTP) Distributions			
10	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
11	Balance of gross state QTP distributions		
12	Earnings on state QTP distributions on line 11		
Gross Private Qualified Tuition Plan (QTP) Distributions			
13	Total gross distributions from box 1 of Form 1099-Q		
a	Less: Rollover to another QTP of beneficiary		
b	Less: Transfer to another family member		
c	Less: Transfer to a non-family member		
d	Less: Expenses refunded and recontributed		
14	Balance of gross private QTP distributions		
15	Earnings on private QTP distributions on line 14		
Taxable Qualified Tuition Plan (QTP) Distributions			
16	Balance of gross QTP distributions.		
17	Earnings on QTP distributions on line 16		
18	Education expenses not used as basis for credits		
19	Non-taxable QTP distributions		
20	Taxable amount of earnings on line 17		
21	Earnings on non-family member transfer (state)		
22	Earnings on non-family member transfer (private)		
23	Taxable amount included on Schedule 1 (Form 1040), line 21		

Qualified Tuition Plan (QTP) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Earnings	Expenses	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.							

Educational Savings Account (ESA) Distributions for Other Beneficiaries (included in page 1)

T S	Beneficiary	Distribution	Taxable amount	Recipient Taxpayer	Recipient Spouse
0 Total.					

Wages, Salaries, & Tips Worksheet

2021

► Keep for your records

Name(s) Shown on Return <u>Kairav Patel</u>	Social Security Number <u>195-99-7749</u>
--	--

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	1,568.		1,568.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137			
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ► <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2021			
b _____			

10 Subtotal.			
Add lines 1 through 9	1,568.		1,568.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2			
14 Other non-earned income:			

15 Total of lines 10 through 14	1,568.		1,568.

Schedule D
Line 19

Unrecaptured Section 1250 Gain Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

Social Security Number
195-99-7749

		Regular Tax	Alternative Minimum Tax
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.			
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1	
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2	
3	Subtract line 2 from line 1	3	
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4	
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5	
6	Add lines 3 through 5	6	
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7	
8	Enter the amount, if any, from Form 4797, line 8	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-	9	
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10	
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund		
	Regular AMT		
a	On Form 1099-DIV		
b	On Form 2439		
c	On Schedule(s) K-1		
d	On Form 1099-R		
e	From Form 8814		
f	Other.		
	Total	11	
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12	
13	Add lines 9 through 12.	13	
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16	
a	Enter your capital gain excess, if you are filing Form 2555	a	0.
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2021

Name(s) Shown on Return
Kairav Patel

Social Security Number
195-99-7749

				Regular Tax	Alternative Minimum Tax
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II	1			
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.				
	<div style="display: flex; justify-content: space-around;"> <div>50 % Exclusion</div> <div>60 % Exclusion</div> <div>75% Exclusion</div> </div>				
a	Schedule D . . .				
b	Form 8814 . . .				
c	Schedule B . . .				
d	Form 6252 . . .				
e	Form 2439 . . .				
f	Other				
	Total	2			
3	Enter the total of all collectibles gain or (loss) from:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 4684, line 4 (but only if line 15 is more than zero)				
b	Form 6252				
c	Form 6781, Part II				
d	Form 8824				
	Total	3			
4	Enter the total of any collectibles gain reported to you on:				
	<div style="display: flex; justify-content: space-around;"> <div>Regular</div> <div>AMT</div> </div>				
a	Form 1099-DIV, box 2d . . .				
b	Form 2439, box 1d				
c	Schedule K-1 from a partnership, S corporation, estate, or trust				
d	Disposition of interest in partnership or S corporation				
e	Other				
	Total	4			
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C	5			
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-	6			
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18	7			
8	Enter the amount of any capital gain excess	8			0.
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	9	0.		0.

Name(s) Shown on Return
Kairav PatelSocial Security Number
195-99-7749

1 a	Enter your taxable income from Form 1040, line 15	1 a	0.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht . . .	b	
c	Add lines 1a and 1b	1 c	0.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	0.
15	Enter: • \$40,400 if single or married filing separately, • \$80,800 if married filing jointly or qualifying widow(er), or • \$54,100 if head of household.	15	40,400.
16	Enter the smaller of line 1c or line 15	16	0.
17	Enter the smaller of line 14 or line 16	17	0.
18	Subtr ln 10 from ln 1c. If zero or less, enter -0-	18	0.
19	Enter the smaller of line 1c or: • \$164,925 if single or married filing sep, • \$329,850 if MFJ or qual widow(er), or • \$164,900 if head of household.	19	0.
20	Enter the smaller of line 14 or line 19	20	0.
21	Enter the larger of line 18 or line 20	21	0.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	
26	Enter: • \$445,850 if single, • \$250,800 if married filing separately, • \$501,600 if married filing jointly or qualifying widow(er), or • \$473,750 if head of household.	26	
27	Enter the smaller of line 1c or line 26	27	
28	Add lines 21 and 22	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	
30	Enter the smaller of line 25 or line 29	30	
31	Multiply line 30 by 15% (0.15)	31	
32	Add lines 24 and 30	32	
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	
34	Multiply line 33 by 20% (0.20)	34	
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	

38	Subtract line 37 from line 36. If zero or less, enter -0-	38	_____
39	Subtract line 38 from line 35. If zero or less, enter -0-	39	_____
40	Multiply line 39 by 25% (0.25)	40	_____
If Schedule D, line 18, is zero or blank, skip lines 41 through 43 and go to line 44. Otherwise, go to line 41.			
41	Add lines 21, 22, 30, 33, and 39	41	_____
42	Subtract line 41 from line 1c	42	_____
43	Multiply line 42 by 28% (0.28)	43	_____
44	Figure the tax on the amount on line 21 . If the amount on line 21 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 21 is \$100,000 or more, use the Tax Computation Worksheet	44	_____
45	Add lines 31, 34, 40, 43, and 44	45	_____ 0 .
46	Figure the tax on the amount on line 1c . If the amount on line 1c is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1c is \$100,000 or more, use the Tax Computation Worksheet	46	_____
47	Tax on all taxable income (including capital gains and qualified dividends). Enter the smaller of line 45 or line 46. Also include this amount on Form 1040, line 16	47	_____

Form 1040 **Qualified Dividends and Capital Gain Tax Worksheet**
Line 16 ► Keep for your records

2021

Name(s) Shown on Return
Kairav Patel

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1	Enter the amount from Form 1040 or 1040-SR, line 15.	1	_____
2	Enter the amount from Form 1040 or 1040-SR, line 3a	2	_____
3	Are you filing Schedule D?		
<input type="checkbox"/>	Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or 16 is blank or loss, enter -0-	3	_____
<input type="checkbox"/>	No. Enter the amount from Form 1040 or 1040-SR, line 7.		
4	Add lines 2 and 3	4	_____
5	Subtract line 4 from line 1. If zero or less, enter -0-	5	_____
6	Enter:		
	\$40,400 if single or married filing separately,	}	6 _____
	\$80,800 if married filing jointly or qualifying widow(er),		
	\$54,100 if head of household.		
7	Enter the smaller of line 1 or line 6	7	_____
8	Enter the smaller of line 5 or line 7	8	_____
9	Subtract line 8 from line 7 (this amount taxed at 0%)	9	_____
10	Enter the smaller of line 1 or line 4	10	_____
11	Enter the amount from line 9	11	_____
12	Subtract line 11 from line 10.	12	_____
13	Enter:		
	\$445,850 if single,	}	13 _____
	\$250,800 if married filing separately,		
	\$501,600 if married filing jointly or qualifying widow(er),		
	\$473,750 if head of household.		
14	Enter the smaller of line 1 or line 13	14	_____
15	Add lines 5 and 9	15	_____
16	Subtract line 15 from line 14. If zero or less, enter -0-	16	_____
17	Enter the smaller of line 12 or line 16	17	_____
18	Multiply line 17 by 15% (0.15)	18	_____
19	Add lines 9 and 17.	19	_____
20	Subtract line 19 from line 10	20	_____
21	Multiply line 20 by 20% (0.20)	21	_____
22	Figure the tax on the amount on line 5. If the amount on line 5 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 5 is \$100,000 or more, use the Tax Computation Worksheet.		
23	Add lines 18, 21, and 22	23	_____
24	Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet.		
25	Tax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.		
		25	_____

IRA Contributions Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

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Traditional IRA Contributions

Regular Traditional IRA Contributions		Taxpayer	Spouse
1	Enter traditional IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan		
2	Contributions recharacterized from a Roth IRA (from line 24) . . .		
3	Traditional IRA contributions, from Schedule(s) K-1		
4	Contributions recharacterized (not converted) to a Roth IRA . . .		
►	If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return.		
5	Traditional IRA contributions. Combine lines 1 through 4		
6	Enter any contribution included on line 5 withdrawn before the due date of the tax return. <i>See Help</i>		
7	Excess traditional IRA contribution credit.		
8	Repayments of qualified reservist distributions		
9	Total traditional IRA contributions.		
Additional Traditional IRA Contribution Information		Taxpayer	Spouse
10	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable . . .	<input type="checkbox"/>	<input type="checkbox"/>
11	Enter any contributions included on line 9 that were made during 1/1/2022 to 4/18/2022 (<i>See Help</i>).		
Deductible and Non-deductible Traditional IRA Contributions		Taxpayer	Spouse
12	Deductible traditional IRA contributions from worksheet.		
13	Nondeductible traditional IRA contributions from worksheet.		
	QuickZoom to worksheet indicated by the check: <input type="checkbox"/> IRA deduction worksheet ► <input type="checkbox"/> Worksheet for social security recipients ►		
14	Amount on line 13 you elect to make nondeductible		
15	Excess traditional IRA contributions, to Form 5329, line 15 Note: You may avoid a penalty by withdrawing the amount on line 15 before due date of return, including extensions.		
16	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19.		
17	Qualified reservist repayments		
18	Nondeductible traditional IRA contributions, to Form 8606, ln 1. . .		

IRA Contributions Worksheet

2021

► Keep for your records

Kairav Patel

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Page 2

Roth IRA Contributions

Regular Roth IRA Contributions		Taxpayer	Spouse
19	Enter regular Roth IRA contributions made for 2021, including any made between 1/1/2022 and 4/18/2022, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan.		
20	Contributions recharacterized from a traditional IRA, (from In 4).		
21	Roth IRA contributions, from Schedule(s) K-1		
22	Enter contributions recharacterized to a traditional IRA.		
►	If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return.		
23	Disallowed Roth IRA conversions		
24	Roth IRA contributions. Combine lines 20 through 23		
25	Enter any contribution included on line 24 withdrawn before the due date of the tax return. <i>See Help</i>		
26	Excess Roth IRA contribution credit		
27	Total Roth IRA contributions		
28	Repayments of qualified Roth reservist distributions		

Roth IRA Contributions After Limitations		Taxpayer	Spouse
29	Roth IRA contributions after limitation		
30	Excess Roth IRA contributions, to Form(s) 5329, line 23		
Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.			

Coverdell Education Savings Account (Education IRA) Contributions

Excess Coverdell Education Savings Account Contributions		Taxpayer	Spouse
31	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary.		
Note: You do not need to report any Coverdell ESA contributions which are not excess contributions..			

Schedule A
Lines 5 - 12

Tax and Interest Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

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195-99-7749

Tax Deductions

1 State and local taxes:

Optional Sales Tax Tables

a Available Income:

(1) Income from Form 1040, line 7 1,568.
(2) Nontaxable income entered elsewhere on return
(3) Available income: 2020 refundable credits in excess of tax 0.
(4) Enter any additional nontaxable income
(5) Total available income 1,568.

b Sales Tax Per State of Residence:

Enter state in column (1), then enter total (combined) state and local sales tax rate in column (4).

Arizona, Colorado, Louisiana, Mississippi, New York or South Carolina only:

Double-click in column (4) to select your locality for each state entered.

(1) State	(2) Date Lived in State From	(3) Date Lived in State To	(4) Enter Total State & Local Rate (%)	(5) State Sales Tax Rate (%)	(6) Local Sales Tax Rate (%) (4) - (5)	(7) State Sales Tax Table Amount	(8) Local Sales Tax Amount	(9) Prorated or Total Amount

c Total general sales tax using tables

d Sales Tax Paid on Specific Items (see help):

(1) ST	(2) Total State & Local Rate	(3) Description	(4) Type	(5) Cost	(6) Rate if Different	(7) Actual Sales Tax Amount Paid	(8) Specific Item Deduction

e Total sales tax deduction on specific items

f Total general sales tax per tables plus sales tax on specific items

g Actual State and Local General Sales Tax:

Actual sales taxes (enter the total sales taxes paid during the year on all items).

h State and Local Income Taxes:

State and Local Income taxes

i State and Local Tax Deduction to Schedule A, line 5a:

Greater of line 1f, line 1g, or line 1h (to Schedule A, line 5a).

j Check a box to choose to use income taxes paid, sales taxes paid, or whichever provides the greater deduction:

Income Taxes . . ☐ Sales Taxes . . . ☐ Greater amount . ☒

2 State and local real estate taxes:

a Real estate taxes paid on principal residence **not** entered on Form 1098

b	Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks . . .	_____
c	Real estate taxes paid on additional homes or land	_____
	Personal portion of real estate taxes from Schedule E Worksheet for:	
d	Principal residence	_____
e	Vacation home	_____
f	Less real estate taxes deducted on Form 8829	_____
g	Foreign real property taxes included in lines 2a-2f above	_____
h	Add lines 2a through 2f, less line 2g (to Schedule A, line 5b)	_____
3	State and local personal property taxes:	
a	Auto registration fees based on the value of the vehicle.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
b	Non-business portion of personal property taxes from Car & Truck Exp Wks	_____
c	Other personal property taxes	_____
d	Add lines 3a through 3c (to Schedule A, line 5c)	_____
4	Other taxes:	
a	Other taxes from Schedule(s) K-1	_____
b	Foreign taxes from interest and dividends	_____
c	Foreign taxes from Schedule(s) K-1	_____
d	Other foreign taxes (not used to claim a foreign tax credit).	_____
e	Other taxes.	
	2020 Amount Enter 2021 description:	
	_____	_____
	_____	_____
	_____	_____
f	Foreign real property taxes included in lines 4a-4e above	_____
g	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	_____

Interest Deductions

5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage interest and points from the Home Mortgage Interest Worksheet	_____
b	Qualified mortgage interest from Schedule E Worksheet	_____
c	Less home mortgage interest/points deducted on Form 8829	_____
d	Less home mortgage interest from Form 8396, line 3	_____
e	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above.	_____
6	Home mortgage interest not reported on Form 1098:	
a	Mortgage interest from the Home Mortgage Interest Worksheet.	_____
b	Less home mortgage interest deducted on Form 8829	_____
c	Add lines 6a and 6b (to Sch A, line 8b) or line B2 from above	_____
7	Points not reported on Form 1098:	
a	Amortizable points from the Home Mortgage Interest Worksheet	_____
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet	_____
c	Less points deducted on Form 8829	_____
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	_____

Schedule A
Line 5

State and Local Tax Deduction Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

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195-99-7749

State and Local Income Taxes

State income taxes:		
1	State income tax withheld	1
2	2021 state estimated taxes paid in 2021	2
3	2020 state estimated taxes paid in 2021	3
4	Amount paid with 2020 state application for extension	4
5	Amount paid with 2020 state income tax return	5
6	Overpayment on 2020 state income tax return applied to 2021 tax	6
7	Other amounts paid in 2021 (amended returns, installment payments, etc.)	7
8	State estimated tax from Schedule(s) K-1 (Form 1041)	8
Local income taxes:		
9	Local income tax withheld	9
10	2021 local estimated taxes paid in 2021	10
11	2020 local estimated taxes paid in 2021	11
12	Amount paid with 2020 local application for extension	12
13	Amount paid with 2020 local income tax return	13
14	Overpayment on 2020 local income tax return applied to 2021 tax	14
15	Other amounts paid in 2021 (amended returns, installment payments, etc.)	15
16	Local estimated tax from Schedule(s) K-1 (Form 1041)	16
Other:		
17		17
18	Total Add lines 1 through 17	18
19	State and local refund allocated to 2021	19
20	Nondeductible state income tax from line 28	20
21	Total reductions Add lines 19 and 20.	21
22	Total state and local income tax deduction Line 18 less line 21	22

Nondeductible State Income Tax (Hawaii Only)

23	Nontaxable federal employee cost of living allowance	23
24	Adjusted gross income	24
25	Add lines 23 and 24	25
26	Nondeductible percent. Line 23 divided by line 25	26
27	Hawaii state income tax included in line 18	27
28	Nondeductible Hawaii state income tax. Multiply line 26 by line 27.	28

Charitable Deduction Limits Worksheet For Current Year Contributions

2021

► Keep for your records

Name(s) Shown on Return <u>Kairav Patel</u>	Social Security Number <u>195-99-7749</u>
--	--

Step 1 — Enter your other charitable contributions made during the year.

1	Enter your cash contributions to 100% limit organizations	1	
2	Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3	Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line.	5	
6	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8	Enter your adjusted gross income (AGI)	8	<u>1,568.</u>
----------	--	----------	---------------

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9	Multiply line 8 by 0.6	9	
10	Deductible amount. Enter the smaller of line 7 or line 9.	10	
11	Carryover. Subtract line 10 from line 7.	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12	Multiply line 8 by 0.5	12	
13	Subtract line 10 from line 12	13	
14	Deductible amount. Enter the smaller of line 6 or line 13.	14	
15	Carryover. Subtract line 14 from line 6.	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16	Multiply line 8 by 0.5	16	
17	Add lines 5, 6, and 7.	17	
18	Subtract line 17 from line 16	18	
19	Multiply line 8 by 0.3	19	
20	Add lines 3 and 4	20	
21	Deductible amount. Enter the smallest of line 18, 19, or 20 . .	21	
a	Cash portion of deductible amount - for Sch A line 11	a	
b	Non-cash portion of deductible amount - for Sch A line 12. . . .	b	
22	Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23	Multiply line 8 by 0.5	23	
24	Add lines 6 and 7	24	
25	Subtract line 24 from line 23	25	
26	Multiply line 8 by 0.3	26	
27	Deductible amount. Enter the smallest of line 5, 25, or 26 . . .	27	
28	Carryover. Subtract line 27 from line 5.	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions subject to limit based on 100% of AGI

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

Charitable Deduction Limits Worksheet For Carryover Contributions

2021

► Keep for your records

Name(s) Shown on Return Kairav Patel	Social Security Number 195-99-7749
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Step 1 — Enter your other charitable contributions made during the year.

1 Enter your cash contributions to 100% limit organizations	1	
2 Enter your contributions of capital gain property "for the use of" any qualified organization	2	
3 Enter your other contributions "for the use of" any qualified organization. Don't include any contributions you entered on a previous line	3	
4 Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions you entered on a previous line	4	
5 Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions you entered on a previous line	5	
6 Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include contributions of capital gain property to 50% limit organizations if you reduced the property's fair market value. Don't include any contributions you entered on a previous line	6	
7 Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	7	

Step 2 — Figure your deduction for the year (if any result is zero or less, enter -0-)

8 Enter your adjusted gross income (AGI)	8	1,568.
	Percentage of line 8	Used in Current Year
a 60% AGI limit to line 9	941.	Less 0.
b 50% AGI limit to line 12	784.	Less 0.
c 30% AGI limit, Section C to line 19	470.	Less 0.
d 30% AGI limit, Section D to line 26	470.	Less 0.
e 20% AGI limit to line 35	314.	Less 0.

A Cash contributions subject to the limit based on 60% of AGI

(If line 7 is zero, leave lines 9 through 11 blank)

9 Multiply line 8 by 0.6	9	
10 Deductible amount. Enter the smaller of line 7 or line 9	10	
11 Carryover. Subtract line 10 from line 7	11	

B Noncash contributions subject to the limit based on 50% of AGI

(If line 6 is zero, leave lines 12 through 15 blank)

12 Multiply line 8 by 0.5	12	
13 Subtract line 10 from line 12	13	
14 Deductible amount. Enter the smaller of line 6 or line 13	14	
15 Carryover. Subtract line 14 from line 6	15	

C Contributions (other than capital gain property) subject to limit based on 30% of AGI

(If lines 3 and 4 are both zero, leave lines 16 through 22 blank)

16 Multiply line 8 by 0.5	16	
17 Add lines 5, 6, and 7	17	
18 Subtract line 17 from line 16	18	
19 Multiply line 8 by 0.3	19	
20 Add lines 3 and 4	20	
21 Deductible amount. Enter the smallest of line 18, 19, or 20	21	
a Cash portion of deductible amount - for Sch A line 11	a	
b Non-cash portion of deductible amount - for Sch A line 12	b	
22 Carryover. Subtract line 21 from line 20	22	

D Contributions of capital gain property subject to limit based on 30% of AGI

(If line 5 is zero, leave lines 23 through 28 blank)

23 Multiply line 8 by 0.5	23	
24 Add lines 6 and 7	24	
25 Subtract line 24 from line 23	25	
26 Multiply line 8 by 0.3	26	
27 Deductible amount. Enter the smallest of line 5, 25, or 26	27	
28 Carryover. Subtract line 27 from line 5	28	

E Contributions subject to the limit based on 20% of AGI

(If line 2 is zero, leave lines 29 through 37 blank)

29	Multiply line 8 by 0.5	29		
30	Add lines 10, 14, 21, and 27	30		
31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	35		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34, or 35	36		
37	Carryover. Subtract line 36 from line 2	37		

F Qualified contributions for certain disaster relief efforts (Not applicable for carryovers)

(If line 1 is zero, leave lines 38 through 42 blank)

38	Enter the amount from line 8	38		
39	Add lines 10, 14, 21, 27, and 36	39		
40	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		

G Deduction for the year

43	Add lines 10, 14, 21, 27, 36 and 41. Enter the total here and include the deductible amounts on Schedule A (Form 1040), line 11 or line 12 whichever is appropriate.	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		

Note: Any amounts in the carryover column are not deductible this year but can be carried over to next year. See Carryovers, later, for more information about how you will use them next year.

- Keep for your records

1	Was the entire interest given for all property donated to all charities?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
2	Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3	Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4	Was any charity other than a 60%/50% charity?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Name(s) Shown on Return Kairav Patel	Social Security Number 195-99-7749
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Use this worksheet **only** if someone can claim you, or your spouse if filing jointly, as a dependent.

1	Is your earned income* more than \$750? <input type="checkbox"/> Yes. Add \$350 to your earned income. Enter the total <input type="checkbox"/> No. Enter \$1,100		1	
2	Enter the amount shown below for your filing status. • Single or married filing separately — \$12,550 • Married filing jointly — \$25,100 • Head of household — \$18,800		2	12,550.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not blind, stop here and enter this amount on Form 1040 or 1040-SR, line 12. Otherwise, go to line 3b		3 a	
3 b	If born before January 2, 1956, or blind, multiply the number claimed on top of page 2 of Form 1040 Wkst by \$1,350 (\$1,700 if single or head of household)		3 b	
3 c	Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12		3 c	

***Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any taxable scholarship or fellowship grant. Generally, your earned income is the total of the amount(s) you reported on Form 1040 or 1040-SR, line 1, and Schedule 1, lines 3 and 6, minus the amount, if any, on Schedule 1, line 14. Earned income, for the purpose of figuring your standard deduction, doesn't include qualified disability trust distributions.

Earned Income Worksheet**2021**

► Keep for your records

Name(s) Shown on Return

Kairav Patel

Social Security Number

195-99-7749

Part I – Earned Income Credit Worksheet Computation

	Taxpayer	Spouse	Total
1 If filing Schedule SE:			
a Net self-employment income			
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
2 If not required to file Schedule SE:			
a Net farm profit or (loss)			
b Net nonfarm profit or (loss)			
c Add lines 2a and 2b			
3 If filing Schedule C as a statutory employee, enter the amount from line 1 of that Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			

Part II – Form 2441 and Standard Deduction Worksheet Computations

5 Net self-employment earnings (line 4 above)			
6 Wages, salaries, and tips less distributions from nonqualified or section 457 plans, etc	1,568.		1,568.
7 a Taxable employer-provided adoption benefits			
b Foreign earned income exclusion			
8 Add lines 5 through 7b. To Form 2441, lines 18 and 19	1,568.		1,568.
9 a Taxable dependent care benefits			
b Nontaxable combat pay			
10 Add lines 8, 9a & 9b. To Form 2441, lines 4 and 5	1,568.		1,568.
11 Scholarship or fellowship income not on W-2			
12 SE exempt earnings less nontaxable income			
13 Distributions from nonqualified/Sec. 457 plans			
14 Add lines 5, 6, 7a, 9a and 11 through 13. To Standard Deduction Worksheet	1,568.		1,568.

Part III – IRA Deduction Worksheet Computation

15 Net self-employment income or (loss)			
16 Wages, salaries, tips, etc	1,568.		1,568.
17 Net self-employment loss			
18 Alimony received			
19 Nontaxable combat pay			
20 Foreign earned income exclusion			
21 Keogh, SEP or SIMPLE deduction			
22 Combine lines 15 through 21. To IRA Wks, ln 2.	1,568.		1,568.

Part IV – Schedule 8812 and Child Tax Credit Line 14 Worksheet Computations

23 Self-employed, church and statutory employees			
24 Wages, salaries, tips, etc	1,568.		1,568.
25 Nontaxable combat pay			
26 Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2.	1,568.		1,568.

Form 1040
Line 27

Earned Income Credit Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

Social Security Number
195-99-7749

QuickZoom to Schedule EIC ►

QuickZoom to Dependent Information Worksheet to enter qualifying children information. ►

QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned income . . . ►

QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7. ►

1	Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	1	1,568.
2	Adjustments to line 1 amount:		
a	Income reported as wages and as self-employment income.	2 a	
b	Other income entered as wages that is not considered earned income	b	
c	Distributions from section 457 and other nonqualified plans reported on W-2	c	
3	Subtract lines 2a, 2b and 2c from line 1	3	1,568.
4 a	Taxpayer's nontaxable combat pay election for EIC	4 a	
b	Spouse's nontaxable combat pay election for EIC	b	
c	Total nontaxable combat pay election	4 c	
5	If you were self-employed or used Schedule C as a statutory employee, enter the amount from the Earned Income Worksheet, line 4	5	
6	Medicaid Waiver Payments reported as nontaxable	6	
7	Earned income. Add lines 3, 4, 5, and 6	7	1,568.
8	Enter the credit, from the EIC Table , for the amount on line 7. Be sure to use the correct column for filing status and number of children.	8	241.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.		
9	Enter your AGI from Form 1040, line 11	9	1,568.
10	If you have:		
	• No qualifying children, is the amount on line 9 less than \$11,650 (\$17,600 if married filing jointly)?		
	• 1 or more qualifying children, is the amount on line 9 less than \$19,550 (\$25,500 if married filing jointly)?		
	<input checked="" type="checkbox"/> Yes. Go to line 11 now.		
	<input type="checkbox"/> No. Enter the credit, from the EIC Table , for the amount on line 9. Be sure to use the correct column for filing status and number of children	10	
11	Earned income credit.		
	• If 'Yes' on line 10, enter the amount from line 8		
	• If 'No' on line 10, enter the smaller of line 8 or line 10	11	241.

Enter line 11 amount on Form 1040, line 27.

Compliance and Due Diligence Information

1 Is this how long your dependents lived with you in the U.S in 2021?

☐ **Yes**, all of the above is correct.

☐ **No**, I'll go back and review my dependent information.

The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.

Is this where you lived with your dependents the longest in 2021?

2 ☐ **Yes**, my dependents lived with me at this address.

☐ **No**, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2021.

Compliance and Due Diligence Indicator	<input checked="" type="checkbox"/>
Disqualified from Earned Income Credit.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Potential qualifying child count	▶	<u>0</u>
Non dependent potential qualifying child count	▶	<u>0</u>
Qualifying child count (max 3)	▶	<u>0</u>

Education Tuition and Fees Summary

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

Your Social Security No.
195-99-7749

Part I - Qualified Education Expense Summary

(a) Student's name First Name MI Last Name Suffix Social Security Number	(b) Qualified Education Expenses	(c) Qualified for: Yes No	(d) Elected Credit if manual	(e) Elected Credit if automatic
Kairav	15,537.	Amer Opp Cr . ► <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patel	15,537.	Lifetime Cr . . . ► <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
195-99-7749		Reserved . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15,537.	Total Qualified Expenses		
		Amer Opp Cr . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Reserved . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
		Amer Opp Cr . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Lifetime Cr . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Reserved . . . ► <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Total Qualified Expenses		
Total qualified expenses	15,537. 15,537.	American Opportunity Credit Lifetime Learning Credit		

Part II - Optimize Education Expenses for the Lowest Tax

Automatic

- 1 **Launch OPTIMIZER** - Check to launch Automatic Education Expense Optimizer now ► ☐
- 2 **Automatic** - Check to use the choices calculated in Part I, column (e) above ► ☒
- or
- 3 **Manual** - Check to use the choices you entered in Part I, column (d) above ► ☐

Part III - Summary of Credits

Reserved		
1	Reserved	1
2	Reserved	2
3	Reserved	3
4	Reserved	4

American Opportunity, Lifetime Learning Credits Summary		
1	Tentative American Opportunity Credit	1
2	Tentative Lifetime Learning Credit	2
3	Total Education Credits (after limitations)	3

Schedule D Tax Worksheet
as refigured for the
Alternative Minimum Tax

2021

► Keep for your records

Name(s) Shown on Return Kairav Patel		Social Security Number 195-99-7749	
	(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1 Not applicable			
2 Enter your total qualified dividends as refigured for the Alternative Minimum Tax (AMT):			
a Total qualified dividends.			
b Adjustment from Schedules K-1			
c Other adjustments to qualified dividends			
d Total. Combine lines 2a, 2b, and 2c		0.	0.
3 Enter the amount from Form 4952 for AMT, line 4g.			
4 Enter the amount from Form 4952 for AMT, line 4e.			
5 Subtract line 4 from line 3. If zero or less, enter -0-	0.		0.
6 Subtract line 5 from line 2. If zero or less, enter -0-	0.		0.
7 Net long-term capital gain:			
a Enter the gain from line 15 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 16 of Schedule D as refigured for the AMT	0.		
c Enter the smaller of line 7a or line 7b	0.		0.
8 Enter the smaller of line 3 or line 4			
9 Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 Add lines 6 and 9	0.		0.
A Enter the amount from Form 6251, line 6.	0.		
B Capital gain excess. Subtract line A from line 10. *	0.		
11 Total 28% rate and unrecaptured section 1250 gain:			
a Enter the gain from line 18 of Schedule D as refigured for the AMT	0.		
b Enter the gain from line 19 of Schedule D as refigured for the AMT			
c Add lines 11a and 11b.			0.
12 Enter the smaller of line 9 or line 11c			0.
13 Subtract line 12 from line 10. Also enter this amount on Form 6251, line 13.			0.

* Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

► Keep for your records

Name(s) Shown on Return

Kairav Patel

Social Security Number

195-99-7749

Taxable Income – Line 1

1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	-12,682.
2	Additions to income	2	
3	Add lines 1 and 2	3	-12,682.
4	Subtractions from income	4	
5	Subtract line 4 from line 3. Enter on Form 6251, line 1	5	-12,682.

Taxes – Line 2a

1	Generation skipping transfer taxes included on Schedule A, line 6	1	
---	---	---	--

Refund of Taxes – Line 2b

1	Taxable refund of state and local income tax	1	
2	Amount and description of any refund of state and local personal property taxes, foreign income or real property taxes.	2	
3	Total tax refund adjustment. Enter on Form 6251, line 2b.	3	

Alternative Tax Net Operating Loss Deduction (ATNOLD) – Line 2f

1	Alternative minimum taxable income (AMTI) without ATNOLD	1	1,568.
2	Enter adjustments	2	
3	Adjustment for domestic production activities deduction	3	
4	Adjusted AMTI without ATNOLD. Add lines 1-3	4	1,568.
5	ATNOLD limitation. Multiply line 4 by 90%.	5	1,411.
6	Enter ATNOL carried to 2020 from other year(s)	6	
7	Enter ATNOL included above attributable to qualified disaster losses	7	
8	ATNOL above not attributable to qualified disaster losses. Line 6 minus 7	8	
9	ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8	9	
10	ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9)	10	
11	ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	11	

Incentive Stock Options – Line 2i

1	Incentive stock options adjustment from Schedule K-1 worksheets	1	
2	Incentive stock options from Employer Stock Transaction Worksheets	2	
3	Incentive stock options from Exercise of Stock Options Worksheets	3	
4	Other incentive stock options	4	
5	Total incentive stock options. Enter on Form 6251, line 2i.	5	

Alternative Minimum Taxable Income – Line 4

If married filing separately and Form 6251, line 4, is more than \$752,800:		
1	Alternative minimum taxable income, Form 6251	1
2	Threshold amount	2
3	Subtract line 2 from line 1	3
4	Multiply line 3 by 25% (.25)	4
5	Smaller of line 4 or \$57,300	5
6	Add line 1 and line 5. Enter on Form 6251, line 4	6

Exemption – Line 5

1	Enter \$73,600 if single or head of household, \$114,600 if married filing jointly or qualifying widow(er), \$57,300 if married filing separately	1	73,600.
2	Enter your alternative minimum taxable income from Form 6251, line 4	2	1,568.
3	Enter \$523,600 if single or head of household, \$1,047,200 if married filing jointly or qualifying widow(er), \$523,600 if married filing separately	3	523,600.
4	Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Multiply line 4 by 25% (.25)	5	0.
6	Subtract line 5 from line 1. If zero or less, enter -0-. Enter on 6251, line 5	6	73,600.

Form 6251
Line 7

Foreign Earned Income
Alternative Minimum Tax Worksheet

2021

► Keep for your records

Name(s) Shown on Return Kairav Patel		Social Security Number 195-99-7749	
1	Enter the amount from Form 6251, line 6	1	
2 a	Enter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50.	2a	
b	Enter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income	2b	
c	Subtract line 2b from line 2a. If zero or less, enter 0	2c	
3	Add line 1 and line 2c	3	
4	Tax on the amount on line 3. <ul style="list-style-type: none"> • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see <i>Form 2555</i>, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. • All Others: If line 3 is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result. 	4	
5	Tax on amount on line 2c. If line 2c is \$199,900 or less (\$99,950 or less if married filing separately), multiply line 2c by 26% (0.26). Otherwise, multiply line 2c by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result	5	
6	Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7.	6	

Federal Carryover Worksheet

2021

► Keep for your records

Name(s) Shown on Return

Kairav Patel

Social Security Number

195-99-7749

2020 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

2020 State Extension Information

(a) State	(b) Paid With Extension

2020 Locality Extension Information

(a) Locality	(b) Paid With Extension

2020 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2020 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2020 State Taxes Due Information

(a) State	(e) Paid With Return

2020 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2020 State Refund Applied Information

(a) State	(g) Applied Amount

2020 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2020 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

2020 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Kairav Patel

195-99-7749

Other Tax and Income Information			2020	2021
1	Filing status	1		1 Single
2	Number of exemptions for blind or over 65 (0 - 4)	2		1
3	Itemized deductions	3		0.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5		1,568.
6	Tax liability for Form 2210 or Form 2210-F	6		0.
7	Alternative minimum tax	7		
8 a	Federal overpayment applied to next year estimated tax	8 a		
b	Federal extension payment for 2020 return	b		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2020	2021
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2020	2021
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2021	a		
	b 2020	b		
	c 2019	c		
	d 2018	d		
	e 2017	e		
	f 2016	f		

Form 8582
Line 7

Modified Adjusted Gross Income Worksheet

2021

► Keep for your records

Name(s) Shown on Return
Kairav Patel

Social Security Number
195-99-7749

Description	Amount
Income	
Wages	1,568.
Interest income before Series EE bond exclusion	
Dividend income	
Tax refund	
Alimony received	
Nonpassive business income or loss	
Royalty and nonpassive rental activities income or loss	
Nonpassive partnership income or loss	
Nonpassive S corporation income or loss	
Nonpassive farm rental income or loss	
Nonpassive farm income or loss	
Nonpassive estate and trust income or loss	
Real estate mortgage investment conduits	
Business gains and losses from nonpassive activities	
Capital gains and losses	
Taxable IRA distributions	
Taxable pension distributions	
Unemployment compensation	
Other income	
Total income	1,568.
Adjustments	
Educator expenses	
Certain business expenses of reservists, performing artists, and government officials	
Health savings account deduction	
Moving expenses	
Self-employed SEP, SIMPLE, and qualified plans	
Self-employed health insurance deduction	
Penalty on early withdrawals of savings	
Alimony paid	
Other adjustments	
Total adjustments	
Modified adjusted gross income	1,568.

Two-Year Comparison

2021

Name(s) Shown on Return

Kairav Patel

Social Security Number

Income	2020	2021	Difference	%
Wages, salaries, tips, etc		1,568.	1,568.	
Interest and dividend income				
State tax refund				
Business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and royalties				
Partnerships, S Corps, etc				
Farm income (loss)				
Social security benefits				
Income other than the above				
Total Income		1,568.	1,568.	
Adjustments to Income				
Adjusted Gross Income		1,568.	1,568.	
Itemized Deductions				
Medical and dental				
Income or sales tax				
Real estate taxes				
Personal property and other taxes				
Interest paid				
Gifts to charity				
Casualty and theft losses				
Miscellaneous				
Total Itemized Deductions	0.	0.	0.	
Standard or Itemized Deduction		14,250.	14,250.	
Qualified Business Income Deduction				
Taxable Income		0.	0.	
Income tax		0.	0.	
Additional income taxes				
Alternative minimum tax				
Total Income Taxes		0.	0.	
Nonbusiness credits				
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Total Tax After Credits		0.	0.	
Withholding				
Estimated and extension payments				
Earned income credit		241.	241.	
Additional child tax credit				
Other payments		1,400.	1,400.	
Total Payments		1,641.	1,641.	
Form 2210 penalty				
Applied to next year's estimated tax				
Refund		1,641.	1,641.	
Balance Due				

Current year effective tax rate -15.37 %

Tax Summary
► Keep for your records

2021

Name (s)

Kairav Patel

Total income	1,568.
Adjustments to income	
Adjusted gross income	1,568.
Itemized/standard deduction	14,250.
Qualified business income deduction	
Taxable income	0.
Tentative tax	0.
Additional taxes	
Alternative minimum tax	
Total credits	
Other taxes	
Total tax	0.
Total payments	1,641.
Estimated tax penalty	
Amount Overpaid	1,641.
Refund	1,641.
Amount Applied to Estimate	
Balance due	0.

2021

Social Security No.
195-99-7749

<p>1 Can you be claimed as a dependent on another person's 2021 return?</p> <p><input checked="" type="checkbox"/> No. Go to line 2</p> <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet</p> <p>2 Does your 2021 return include a social security number that was issued on or before the due date of your 2021 return (including extensions) for you and, if filing a joint return, your spouse?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 6</p> <p><input type="checkbox"/> No. If you are filing a joint return, go to line 3.</p> <p style="padding-left: 40px;">If you aren't filing a joint return, go to line 5.</p> <p>3 Was at least one of you a member of the U.S. Armed Forces at any time during 2020, and does at least one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is not limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 4.</p> <p>4 Does one of you have a social security number that was issued on or before the due date of your 2021 return (including extensions)?</p> <p><input type="checkbox"/> Yes. Your credit is limited. Go to line 6.</p> <p><input type="checkbox"/> No. Go to line 5</p> <p>5 Do you have any dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including extensions) or an adoption taxpayer identification number?</p> <p><input type="checkbox"/> Yes. Enter 0 on line 6 and go to line 7.</p> <p><input type="checkbox"/> No. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p>6 Enter: • \$1,400 if single, head of household, married filing separately, qualifying widow(er).</p> <p style="padding-left: 40px;">• \$1,400 if married filing jointly and you answered "Yes" to question 4, or</p> <p style="padding-left: 40px;">• \$2,800 if married filing jointly and you answered "Yes" to question 2 or 3</p> <p>7 Multiply \$1,400 by the number of dependents listed in the Dependents section on page 1 of Form 1040 or 1040-SR for whom you entered a social security number that was issued on or before the due date of your 2021 return (including identification number</p> <p>8 Add lines 6 and 7</p> <p>9 Is the amount on line 11 of Form 1040 or 1040-SR more than the amount shown below for your filing status?</p> <p style="padding-left: 40px;">• Single or married filing separately-\$75,000</p> <p style="padding-left: 40px;">• Married filing jointly or qualifying widow(er)-\$150,000</p> <p style="padding-left: 40px;">• Head of household-\$112,500</p> <p><input type="checkbox"/> Yes. Enter the amount from line 11 of Form 1040 or 1040-SR and go to line 10</p> <p><input checked="" type="checkbox"/> No. Enter the amount from line 8 on line 12 and skip lines 10 and 11</p> <p>10 Is line 9 more than the amount shown below for your filing status?</p> <p style="padding-left: 40px;">• Single or married filing separately-\$80,000</p> <p style="padding-left: 40px;">• Married filing jointly or qualifying widow(er)-\$160,000</p> <p style="padding-left: 40px;">• Head of household-\$120,000</p> <p><input type="checkbox"/> Yes. Stop. You can't take the credit. Don't complete the rest of this worksheet and don't enter any amount on Form 1040, line 30.</p> <p><input type="checkbox"/> No. Subtract line 9 from the amount shown above for your filing status.</p> <p>11 Divide line 10 by the amount shown below for your filing status. Enter the result as a decimal (rounded to at least 2 places).</p> <p style="padding-left: 40px;">• Single or married filing separately-\$5,000</p> <p style="padding-left: 40px;">• Married filing jointly or qualifying widow(er)-\$10,000</p> <p style="padding-left: 40px;">• Head of household-\$7,500</p> <p>12 Multiply line 8 by line 11.</p> <p>13 Enter the amount, if any, of EIP 3 that was issued to you. If filing a joint return, include the amount, if any, of your spouse's EIP 3. You may refer to Notice 1444-C or your tax account information at IRS.gov/Account for the amount to enter here</p> <p>14 Recovery rebate credit. Subtract line 13 from line 12. If zero or less, enter -0-. If line 13 is more than line 12, you don't have to pay back the difference. Enter the result here and, if more than zero, on line 30 of Form 1040 or 1040-SR.</p>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;">6 1,400.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">7</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">8 1,400.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">9</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">10</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">11</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">12 1,400.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">13 0.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;">14 1,400.</div>
---	---

Compare to U. S. Averages

► Keep for your records

2021

Name(s) Shown on Return Kairav Patel	Social Security No 195-99-7749
---	-----------------------------------

Your 2021 adjusted gross income (AGI) 1,568.
National adjusted gross income range used below from 0. to 14,999.

Note: National average amounts have been adjusted for inflation. See Help for details.

Selected Income, Deductions, and Credits	Actual Per Return	National Average
Salaries and wages	1,568.	9,015.
Taxable interest		1,255.
Tax-exempt interest		6,434.
Dividends		2,658.
Business net income less loss		8,266.
Net capital gain		10,460.
Net capital loss		2,383.
Taxable IRAs pensions and annuities		6,238.
Rent and royalty net income less loss		7,381.
Partnership and S corporation net income less loss		21,621.
Taxable social security benefits		2,754.
Medical and dental expenses deduction		9,699.
Taxes paid deduction	0.	3,959.
Interest paid deduction		6,572.
Charitable contributions deduction		1,641.
Total itemized deductions	0.	16,617.
Child care credit		97.
Education tax credits		251.
Child tax credit		234.
Retirement savings contributions credit		155.
Earned income credit	241.	1,954.
Other Information	Actual Per Return	National Average
Adjusted gross income	1,568.	1,715.
Taxable income	0.	2,776.
Income tax	0.	314.
Alternative minimum tax		29,833.
Total tax liability	0.	544.

Name:	Kairav Patel
SSN:	195-99-7749

Choose the Method You Will Use to Pay Your 2022 Federal Income Taxes

☐ By withholding from my paychecks. (You will also need to complete the **Additional Information for Form W-4 Worksheet**. QuickZoom below.)

☒ By making estimated tax payments. If estimated payments are in addition to withholding, my estimated 2022 withholding will be _____.

Overpayment from my 2021 return. _____ 1,641.

Amount of my 2021 overpayment to apply to 2022 instead of refunding it _____.

Schedule C:	21	Check to populate Schedule C table from 2021 return			
Name	Owner	2021 Income	2021 Expenses	2022 Income	2022 Expenses

Other Tax Information:			
Note: Include this income in the Other Income section below.			
Net Investment Income for 3.8% tax		0 .	
Qualified dividends			
Maximum Capital Gains Rate Tax Information:			
Net short-term capital gains or losses			
Net long-term capital gains or losses			
Net 28%-rate capital gains included in long-term			
Unrecap'd Sec 1250 gains incl in long-term (<i>see Tax Help</i>)			
Investment income election (<i>see Tax Help</i>)			
Other Income:			
Total of your other taxable income and losses (<i>see Tax Help</i>) . . .		0 .	
Foreign income or housing exclusions.			
Adjustments:			
Deductible IRA contributions, alimony, etc			
Itemized Deductions:			
Total medical expenses			
State and local property and income taxes (or sales tax)		0 .	
Deductible foreign income taxes			
Deductible mortgage interest			
Cash charitable contributions			
Other charitable contributions			
Deductible investment interest expense, casualty or theft losses (<i>see Tax Help</i>)			
Other itemized deductions			
Net qualified disaster loss (<i>see Tax Help</i>)			
Standard Deduction:			
Standard deduction		14,250 .	12,950 .
Charitable cash contributions if using the standard deduction			

Deduction Allowed:		
Deduction (<i>greater of standard+qual'd disaster loss or item'd</i>)	14,250.	12,950.
Other Deduction:		
Qualified business income deduction (<i>see Tax Help</i>)		
Credits:		
Earned Income Tax Credit	241.	
Child Tax Credit		
Child and Dependent Care Credit		
Education Credits		
Other Credits.		

Kairav Patel

195-99-7749 Page 2

Income Tax Calculation for Your 2022 Tax Return	2021 Actual	2022 Expected
Taxable income	0.	0.
Income tax	0.	
Alternative minimum tax (Enter Alt Min tax expected in 2022) . . .		
Premium tax credit repayment (Enter amt expected for 2022) . . .		
Total credits (Enter credits expected in 2022)		
Tax on self-employment income and add'l 0.9% Medicare tax . . .		0.
Net investment income tax (3.8%)		0.
Other taxes (Enter other taxes expected in 2022)	0.	
Total federal income tax	0.	0.

Enter the Tax Payments You've Already Made for Your 2022 Tax Return	
The federal income tax actually withheld from your paychecks to date	
Taxpayer	0.
Spouse	0.
Federal estimated tax payments you've already made	
Payment number 1 (April 18, 2022)	
Payment number 2 (June 15, 2022)	
Payment number 3 (September 15, 2022)	
2021 federal overpayment credited to 2022 (<i>from page 1 above</i>)	
Total taxes paid to date	0.
Balance of payments needed or (expected refund)	0.

Summary of Taxes to be Paid for 2022	
Federal income taxes to be withheld from your paychecks	
Your 2021 federal overpayment you applied to 2022.	
Your 2022 federal estimated taxes,	
based on <u>100% of your 2021 actual tax</u>	
Estimate of total payments you will need to make for 2022	

Estimated Tax Payment Options

Name: Kairav Patel
SSN: 195-99-7749

Prepare My 2022 Estimated Taxes Based on	Tax Amount
<input type="checkbox"/> 90% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 100% of tax on your 2022 estimated taxable income	0.
<input type="checkbox"/> 66-2/3% of tax on your 2022 estimated taxable income (for farmers and fishermen only, see Tax Help)	0.
<input checked="" type="checkbox"/> 100% (110%) of your 2021 taxes (prior-year exception) Note: If your 2021 taxes were less than \$1000, see Tax Help	0.

Amount of Estimated Taxes to Pay in 2022	
Taxes based on method above	0.
Expected withholding for 2022 . . . (.2021 actual withholding)	0.
Taxes due after withholding	0.
Estimates you've already paid	
Last year's overpayment you applied to this year	
Balance of estimated taxes due	0.

Round My Payments Up
<input type="checkbox"/> To the next \$10
<input type="checkbox"/> To the next \$100

Prepare Estimated Tax Payment Vouchers
<input type="checkbox"/> The amount of estimated taxes due is \$1,000 or more (see Tax Help)
<input checked="" type="checkbox"/> Even if the amount of estimated taxes due is less than \$1,000
<input type="checkbox"/> No, do not prepare estimated tax payment vouchers

Schedule of Estimated Tax Payments for 2022	
Check the box for the payment date due next. We will prepare your vouchers based on your choice.	
<input type="checkbox"/> Payment number 1, due April 18, 2022	
<input type="checkbox"/> Payment number 2, due June 15, 2022	
<input type="checkbox"/> Payment number 3, due September 15, 2022	
<input type="checkbox"/> Payment number 4, due January 17, 2023	

Total estimated tax payments for 2022	
---	--

Print Estimated Tax Vouchers
<input checked="" type="checkbox"/> Yes, print those prepared by program
<input type="checkbox"/> No, I will use those supplied by the I.R.S. and write in the amounts

Additional Information for Form W-4

Name:	<u>Kairav Patel</u>
SSN:	<u>195-99-7749</u>

Note: To calculate additional withholding for more than 3 jobs between taxpayer and spouse, or if the lowest paying job earns more than \$120,000 - see the IRS W-4 Calculator at www.irs.gov/W4App.

<input type="checkbox"/> This box will be checked if your entries on the Estimated Taxes and Form W-4 Worksheet indicate that this worksheet and Form W-4 are necessary for your next year's plan.		
Enter Salary and Pay Periods for 2022	Taxpayer	Spouse
Your annual salary for this year	<u> </u>	<u> </u>
Salary you have already received in 2022	<u> </u>	<u> </u>
Your remaining salary for this year	0 .	<u> </u>
Number of paychecks you have remaining this year	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
How often you are paid	<u> </u>	<u> </u>
Your gross salary per pay period	<u> </u>	<u> </u>

Form W-4 Personal Withholding Adjustments	Taxpayer	Spouse
Withholding status	<u> </u>	<u> </u>
Additional withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding through remainder of year	<u> </u>	<u> </u>
Top tax rate being withheld	<u> </u> %	<u> </u> %

Change in Federal Income Tax Withholding per Pay Period	Taxpayer	Spouse
See tax help for more information.		
Current withholding per pay period	<u> </u>	<u> </u>
Estimated future withholding per pay period	<u> </u>	<u> </u>
Increase/(decrease) in net pay per pay period	<u> </u>	<u> </u>

Summary of Federal Income Taxes to be Withheld in 2022: Total taxes withheld to date, entered on ES & Form W4 Worksheet and future withholding from above.	
Taxpayer's withholding	<u> </u>
Spouse's withholding	<u> </u>
Total withholding	<u> </u>

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Kairav 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 . 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 , your Intuit electronic postmark will indicate , 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 , and a corrected return is submitted and accepted before . If your return is submitted after , 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 . If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before , and the corrected return is submitted and accepted by .

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.

We need your consent - Early Access

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

<hr/> <hr/> <hr/> <hr/>

First Name

Last Name

Please type the date below:

Date

F7216U01 SBIA5001

Read and accept this Disclosure Consent

This is an IRS requirement

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

--

Sign this agreement by entering your name:

Please type the date below:

Date

Read and accept this Disclosure Consent

This is an IRS requirement

To, enable the Tax Identity restoration protection service that you purchased as part of a bundle, we need your consent to send some of your personal information to our partner, ID Notify.

Entering your name and date below allows us to disclose the data below to IDNotify, provided by CSIdentity Corp., an Experian company. With your consent, we will send the following: First Name, Middle Initial, Last Name, Date of Birth, Phone Number, Street Address, City, State, Zip, Social Security Number, Email Address, Username, and a randomly generated Subscriber Number.

IRS regulations require the following statements:

"Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature."

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) at <https://www.treasury.gov/tigta/>.

To agree, enter your name and date in the boxes below and select the "I Agree" button on the bottom of the page.

I authorize Intuit to send my information listed above to CSIdentity Corporation.

Sign this agreement by entering your name:

Please type the date below:

Date

IMPORTANT DISCLOSURES

If you are owed federal tax refund(s), you have a right to choose how you will receive the refund(s). There are several options available to you. Please read about these options below.

You can file your federal tax return(s) electronically or by paper and obtain your federal tax refund(s) directly from the Internal Revenue Service ("IRS") for free. If you file your tax return(s) electronically, you can receive refund checks directly from the IRS through the U.S. Postal Service in 21 to 28 days from the time you file your tax return(s) or the IRS can deposit your refund(s) directly into your bank account in less than 21 days from the time you file your tax return(s) unless there are delays by the IRS. If you file a paper return through the U.S. Postal Service, you can receive refund checks directly from the IRS through the U.S. Postal Service in 6 to 8 weeks from the time the IRS receives your return(s) or the IRS can deposit your refund(s) directly into your bank account in 6 to 8 weeks from the time the IRS receives your return(s). However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

You can file your federal tax return(s) electronically, select the Refund Processing Service ("RPS"), and have your federal tax refund(s) processed through a processor using banking services of a financial institution. The RPS allows your refund(s) to be deposited into a bank account at Civista Bank ("Bank") and deducts your TurboTax fees and other amounts that you authorize from your federal refund(s). The balance of your federal refund(s) is delivered to you via the disbursement method you select. If you file your tax return(s) electronically and select the RPS, the IRS will deposit your refund(s) with Bank. Upon Bank's receipt of your refund(s), Santa Barbara Tax Products Group, LLC, a division of Green Dot Corporation, a Delaware corporation, a processor, will deduct from your federal refund(s) any fees charged by TurboTax for the preparation and filing of your tax return(s) and any other amounts authorized by you and disburse the balance of your refund proceeds to you. Unless there are unexpected delays, federal refunds are received in less than 21 days from the time you file your tax return(s) electronically. However, if your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

The RPS is not necessary to obtain your refund(s). If you have an existing bank account, you do not need to use the RPS in order to receive a direct deposit from the IRS. You may consult the IRS website (IRS.gov) for information about tax refund processing.

If you select the RPS, no prior debt you may owe to Bank will be deducted from your refund(s).

You can change your income tax withholdings which might result in you receiving additional funds throughout the year rather than waiting to receive these funds potentially in tax refund(s) next year. Please consult your employer or tax advisor for additional details.

This Agreement requires all disputes to be resolved by way of binding arbitration.
The terms of the arbitration provision appear in Section 10.

Information regarding low-cost deposit accounts may be available at www.mymoney.gov

The chart below shows the options for filing your federal tax returns (e-file or paper returns), the RPS product, refund disbursement options, estimated timing for obtaining your federal tax refund proceeds, and costs associated with the various options.

WHAT TYPE OF FILING METHOD?	WHAT ARE YOUR DISBURSEMENT OPTIONS?	WHAT IS THE ESTIMATED TIME TO RECEIVE REFUND(S)?	WHAT COSTS DO YOU INCUR IN ADDITION TO TAX PREPARATION FEES?
PAPER RETURN No Refund Processing Service	IRS direct deposit to your personal bank account.	Approximately 6 to 8 weeks ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 6 to 8 weeks ¹	
ELECTRONIC FILING (E-FILE) No Refund Processing Service	IRS direct deposit to your personal bank account.	Usually within 21 days ¹	Free
	Check mailed by IRS to address on tax return(s).	Approximately 21 to 28 days ¹	
ELECTRONIC FILING (E-FILE) Refund Processing Service	Direct deposit to your personal bank account.	Usually within 21 days ¹	Free option with your purchase of a Tax Product ²

¹You may experience delays with your tax refund(s) if, for example, you enter incorrect bank account or contact information, you enter a bank account in someone else's name, or if possible suspicious activity is detected. If your return(s) contains Earned Income Tax Credit or Additional Child Tax Credit, the IRS will issue your refund(s) no earlier than February 15, 2022.

²The charges here consist of a TurboTax Fee, the cost of the Tax Product, and any fees for additional products and services purchased. Note that the cost of the Tax Product may vary depending on the edition of TurboTax purchased. See Section 3 of the Refund Processing Service Agreement for the cost of the service you have chosen.

Questions? Call 877-908-7228

Pro Delegation Worksheet

2021

Check this box if you are preparing this return as a PRO preparer ☐

Preparer / Electronic Return Originator (ERO) Information

Preparer Name _____ Print name in signature area? ☐

Preparer Tax ID # (PTIN) _____

NY Tax Preparer Registration # _____ or NY Exclusion Code _____

For NM, OR Preparers Only: State ID# _____

Preparer E-mail _____ Print date on return? ☐

Preparer Phone _____ CAF # _____

Electronic Filing Only: ERO Practitioner PIN _____

Electronic Filing and Printing of Tax Return Information

Electronic Filing:

- ☐ File **federal** return electronically
- ☐ File **state** returns electronically
- ☐ File **other** returns electronically

Select state returns to file electronically:

State(s)

Select other returns to file electronically:

Other Return(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal return printed and mailed to IRS
- ☐ State return printed and mailed to state agency
- ☐ Other return printed and mailed

Select state returns to file by mail:

State(s)

Select other returns to file by mail:

Other Return(s)

Electronic Filing and Printing of Amended Return Information

Electronic Filing:

- ☐ File **federal** amended return(s) electronically
- ☐ File **state** amended return(s) electronically

Select state amended return(s) to file electronically:

State(s)

Print and Mail Selections (use only if e-file ineligible):

- ☐ Federal amended return printed and mailed
- ☐ State amended return printed and mailed

Select state amended return(s) to file by mail:

State(s)

By using a computer system and software to prepare and transmit my client's return electronically, I consent to the disclosure of all information pertaining to my use of the system and software to create my client's return and to the electronic transmission of my client's return to the state Department of Revenue, as applicable by law.

☐ Sign return electronically using Practitioner PIN

☐ Automatically generate PIN equal to last 5 digits of taxpayer(s) SSN (See help)

☐ Taxpayer(s) entered own PIN(s)

☐ Preparer entered PIN(s) on behalf of taxpayer(s)

Date PIN entered.

Taxpayer and Spouse (if applicable) driver's license and/or state identification must be completed on the federal information worksheet prior to e-filing the return.

	Driver's license
	State issued identification card
	Passport
	Account statement from financial institution
	Utility billing statement
	Credit card billing statement

	To indicate a client return download in FnF
	New Finish and File enabled

[illegible]

Send Form 1040X to: Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0052

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Tax Smart Worksheet	
A	Tax 0.
	Check if from:
1	Tax table <input checked="" type="checkbox"/>
2	Tax Computation Worksheet (see instructions) <input type="checkbox"/>
3	Schedule D Tax Worksheet <input type="checkbox"/>
4	Qualified Dividends and Capital Gain Tax Worksheet <input type="checkbox"/>
5	Schedule J <input type="checkbox"/>
6	Form 8615 <input type="checkbox"/>
7	Foreign Earned Income Tax Worksheet <input type="checkbox"/>
B	Additional tax from Form 8814 _____
C	Additional tax from Form 4972 _____
D	Tax from additional Form(s) 4972 _____
E	Recapture tax from Form 8863 _____
F	IRC Section 197(f)(9)(B)(ii) election for an additional tax _____
G	Health Coverage Tax Credit Recovery, Form 8885, Line 5, if negative _____
H	Additional tax from Form 8621 _____
I	Tax. Add lines A through G. Enter the result here and include in tax below. 0.
J	Form 8621 tax deferral from line 9c (to line 24) _____

SMART WORKSHEET FOR: 1040/1040SR Wks: Form 1040 or Form 1040-SR Worksheet

Excess Social Security and Tier I RRTA Tax Withheld Smart Worksheet	
<p>The calculated amount for Excess social security and tier 1 RRTA tax withheld could include a portion that needs to be removed. When a taxpayer has multiple W-2's, each with the same EIN, excess withholding can only be claimed if the Employer's Name's in box c of the W-2's reflect separate business entities. This could occur when a parent company has multiple subsidiaries, or when a temp agency issues W-2's for distinctly different jobs. If you have multiple W-2's with the same EIN, for the same taxpayer, and for the same job, reduce the amount calculated on Line A below by the excess withholdings from only those W-2's.</p>	
A	Total Excess Social Security or Tier I RRTA tax withheld claimed as a credit . . . 0.

SMART WORKSHEET FOR: Federal Information Worksheet

TurboTax for the Web Filing Status Smart Worksheet	
Check this box to override the filing status selected thru Interview . . .	<input type="checkbox"/>
Marital Status	_____
Filing Status Selected	_____

		Federal Amount	Residency Info			* Src St	Allocated Amount
			From mm/dd	To mm/dd	Res St		
Y	Not-for-profit (hobby) income . . . T						
	Not-for-profit (hobby) income . . . S						
Z	Stock options T						
	Stock options S						
AA	Miscellaneous other income . . . T						
	Miscellaneous other income . . . S						

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Qualified Business Income Deduction Smart Worksheet <i>Completing this worksheet is only necessary if Statutory Employee (Box 13) has been checked and expenses will not be deducted on Schedule C ("No" checked in Part III, line 3).</i>			
A	Is this activity a qualified trade or business under Section 199A?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
B	QBI worksheet to report	▶	
C	Specified Service Trade or Business (SSTB)?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
D	I am not a statutory employee	<input type="checkbox"/>	

SMART WORKSHEET FOR: Form W-2 : Wage & Tax Statement (Copy 1)

Substitute Form W-2 Smart Worksheet	
A	Treat as a substitute W-2 and generate a form 4852 <input type="checkbox"/>
B	Linked substitute W-2 Form 4852 ▶ _____
C	Enter Form 4852, Line 9 information. "How did you determine amounts on line 7 of Form 4852?" _____ _____ _____
D	Form 4852, Line 10 information. "Explain your efforts to obtain Form W-2?" _____ _____ _____
E	QuickZoom to completed Form 4852 for reference ▶ _____

SMART WORKSHEET FOR: Tax and Interest Deduction Worksheet

Mortgage Interest Limited Smart Worksheet	
If your mortgage interest deduction needs to be limited for one of the following reasons, use the Deductible Home Mortgage Interest Worksheet to determine the amount to be reported on lines A , B , and C below: — The principal amount of your mortgage and home equity debt is over \$750,000 (\$375,000 if married filing separate), or — You had home debt that was not used to buy, build or substantially improve your home that secures the loan	
QuickZoom to Deductible Home Mortgage Interest Worksheet ▶	
Does your mortgage interest need to be limited: Yes . . . <input type="checkbox"/> No . . . <input checked="" type="checkbox"/>	
A	Home mortgage interest and points reported on Form 1098:
1	Sum of lines 5a through 5d below _____
2	Limited amount to report on line 5a below _____
B	Home mortgage interest not reported on Form 1098:
1	Sum of lines 6a and 6b below _____
2	Limited amount to report on line 6a below _____
C	Points not reported on Form 1098:
1	Sum of lines 7a through 7c below _____
2	Limited amount to report on line 7a below _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Nontaxable Combat Pay Election Smart Worksheet	
QuickZoom to enter nontaxable combat pay on Form W-2 ►	
A Taxpayer:	
1 Taxpayer, nontaxable combat pay	_____
1a Taxpayer, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect taxpayer's nontaxable combat pay as earned income for EIC?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
Elect taxpayer's nontaxable combat pay as earned income for DCB?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
Elect taxpayer's nontaxable combat pay as earned income for child and dependent care credit?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
B Spouse:	
1 Spouse, nontaxable combat pay	_____
1a Spouse, prior year nontaxable combat pay from 2019	_____
2 Election for earned income credit (EIC):	
Elect spouse's nontaxable combat pay as earned income for EIC?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
3 Election for dependent care benefits (DCB):	
Elect spouse's nontaxable combat pay as earned income for DCB?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
4 Election for child and dependent care credit:	
Elect spouse's nontaxable combat pay as earned income for child and dependent care credit?	► <input type="checkbox"/> Yes <input type="checkbox"/> No
C You may compare the tax benefit of electing or not electing by checking a box on line A or line B and reviewing the overpayment or amount due below:	
Overpayment _____	1,641. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Prior Year Earned Income Election Smart Worksheet	
Election to use 2019 earned income for Earned Income Credit	
The "Yes" box must be marked on Line A for 2019 earned income to be used for EIC calculations.	
A Elect to use 2019 earned income for EIC	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Earned income for EIC from your 2019 return	_____
C Current year earned income for EIC	_____ 1,568.
If Line C is equal to or greater than Line B the taxpayer is not eligible to use 2019 earned income for EIC calculations.	
D You may compare the tax benefit of electing to use 2021 Earned Income by checking the boxes on line A	
Overpayment _____	1,641. Amount due _____

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Investment Income Smart Worksheet	
A	Taxable and tax exempt interest _____
B	Dividend income _____
C	Capital gain net income _____
D	Royalty and rental of personal property net income _____
E	Passive activity net income :
1	Rental real estate net income or loss _____
2	Farm rental net income or loss _____
3	Partnerships and S corporations net income or loss _____
4	Estates and trusts net income or loss _____
5	Total of lines 1 through 4 _____
6	Total passive activity net income , line 5 if greater than zero _____
F	Interest and dividends from Forms 8814 _____
G	Adjustments _____
H	Total investment income , add lines A through G <u>0.</u>
Is line H, total investment income over \$10,000? <input checked="checked" type="checkbox"/> No. You may take the credit. <input type="checkbox"/> Yes. Stop. You cannot take the credit.	

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Age Requirements Smart Worksheet	
Filers without a qualifying child have certain age requirements. Answer the questions below:	
<input type="checkbox"/>	Taxpayer is a qualified former foster youth, or a qualified homeless youth
<input type="checkbox"/>	Spouse is a qualified former foster youth, or a qualified homeless youth
You qualify as a specified student if you were enrolled in a program that leads to a degree, certificate, or other recognized educational credential and carried at least one-half the normal workload for your course of study during at least 5 calendar months of the year. For purposes of determining whether you were enrolled during at least 5 calendar months, count any month during which you were enrolled for at least part of the month. The 5 months do not need to be consecutive.	
<input type="checkbox"/>	Taxpayer qualifies as a specified student for EIC purposes when filing without a qualifying child
<input type="checkbox"/>	Spouse qualifies as a specified student for EIC purposes when filing without a qualifying child

SMART WORKSHEET FOR: Earned Income Credit Worksheet

Married Filing Separately Smart Worksheet (with one or more qualifying child)	
MFS filers with a qualifying child have additional requirements. Answer the questions below:	
Did you and your spouse have the same principal residence for the last 6 months of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you lived apart from your spouse at the end of 2021? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SMART WORKSHEET FOR: Estimated Tax Payment Options

For Residents of Guam or the U.S. Virgin Islands Only☐
☐

Permanent resident of Guam or U.S. Virgin Islands

Nonpermanent resident of Guam or U.S. Virgin Islands

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

Your first name and initial KAIRAV	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 1440 N STATE COLLEGE BLVD	Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number (408) 904-8575
City ANAHEIM	State CA		ZIP code 92806-1205
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** 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 refund

5 ☐ 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?)

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

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

DO NOT ATTACH FEDERAL RETURN

195-99-7749 PATE

21

KAIRAV PATEL

1440 N STATE COLLEGE BLVD
ANAHEIM CA 92806-1205

11-18-1997

Principal Residence

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 ☐

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. ☒ 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.☒

7

☐

1

X

\$

129

=

☒

\$

129

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1;if both are visually impaired, enter 2. ☒ 8 ☐ 1 X \$129 = \$1299 **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 = \$

Your name: PATEL

Your SSN or ITIN: 195-99-7749

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

Exemptions

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

Total dependent exemptions ● 10 X \$400 = ● \$ **11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$ 258

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	● 12	<input type="text"/> 1568	<input type="text"/> .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	● 13	<input type="text"/> 1568	<input type="text"/> .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	● 14	<input type="text"/> 0	<input type="text"/> .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	<input type="text"/> 1568	<input type="text"/> .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	● 16	<input type="text"/> 0	<input type="text"/> .00
17	California adjusted gross income. Combine line 15 and line 16	● 17	<input type="text"/> 1568	<input type="text"/> .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	<input type="text"/> 4803	<input type="text"/> .00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	● 19	<input type="text"/> 0	<input type="text"/> .00

Tax

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

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	● 40	<input type="text"/>	<input type="text"/> .00
43	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 43	<input type="text"/>	<input type="text"/> .00
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . .	● 44	<input type="text"/>	<input type="text"/> .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 PATEL

Your SSN or ITIN

195997749

Part I Financial Adjustments – Reconciliation

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

Part II Reason(s) for Amending

1 Check all that apply:

- ☒ a ☐ Protective claim for refund. See instructions. ☒ f ☐ NOL carryback. See instructions. ☒ k ☐ Military HR 100
- ☒ b ☐ Reservation source income adjustments ☒ g ☐ Error on original return ☒ l ☐ Informal claim
- ☒ c ☐ Pass-through entity adjustments ☒ h ☐ Credit adjustment ☒ m ☐ Other. See instructions.
- ☒ d ☐ Federal audit and/or adjustments ☒ i ☒ Earned income tax credit / Young child tax credit
- ☒ e ☐ FTB audit contact ☒ j ☐ 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 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 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** 241 .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 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 ●	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 ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	●
2	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
3	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
4	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
5	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
6	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
7	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
8	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
9	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
10	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
11	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	
12	First Name ●	Initial ●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Last Name ●			●	●	●	●	●	●	●	●	●	●	●	

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.
See instructions ● 1. 0.

Taxable Year

2021

Date Accepted _____

**California e-file Return Authorization
for Limited Liability Companies**

Form

8453-LLC

Limited liability company name _____

CA SOS file No. or FEIN _____

Part I Tax Return Information (whole dollars only)

- | | | |
|----------|--|-------|
| 1 | Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs) | _____ |
| 2 | Ordinary income (Form 568, Schedule B, line 23 or Form 568, Line 1 for Single Member LLCs) | _____ |
| 3 | Tax and fee due (Form 568, line 14) | _____ |
| 4 | Overpayment (Form 568, line 15) | _____ |
| 5 | Total amount due (Form 568, line 19) | _____ |

Part II Settle Your Account Electronically for Taxable Year 2021.

- | | | |
|------------|--|--------------------------|
| 6 | Electronic funds withdrawal | <input type="checkbox"/> |
| 6 a | Amount | _____ |
| 6 b | Withdrawal date (mm/dd/yyyy) | _____ |

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2022This is **NOT** an installment payment for the current amount the LLC owes.

- | | | |
|----------|---------------------------|-----------------------|
| | Annual Tax Payment | Estimated Fee Payment |
| 7 | Amount | _____ |
| 8 | Withdrawal date | _____ |

Part IV Banking Information

(Have you verified the LLC's banking information?)

- | | | | | |
|-----------|--------------------------|--|-----------|---|
| 9 | Routing number | | 11 | Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| 10 | Account number | | | |

Part V Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, and IV. If I check Box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and for the 2022 annual tax or estimated fee payment amount listed on line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2021 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not

receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Signature of authorized member or manager

Date

Title

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

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature

Date

Check if also
paid preparer ☐

ERO's PTIN

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

FEIN.

Check if self-
employed. ☐

Paid Preparer Must Sign

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

Paid preparer's signature

Date

Check if self-
employed. ☐

Paid preparer's PTIN

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

FEIN

Healthcare Entry Sheet

2021

► Keep for your records

The forms associated with healthcare (3853, 3849, 3895, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☐ ☒ Everyone on the tax return was covered by health insurance all year.
If everyone on the return was covered then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 3895, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 3895 information **must** be entered on Form 3895 in order to correctly calculate any Premium Assistance Subsidy. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 3895, California Health Insurance Marketplace Statement

Note: The FTB is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 3853

a. Name of covered individual(s)		Covered all												
b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Kairav Patel	195-99-7749 11/18/97	*Oct 2021			*Nov 2021			*Dec 2021			X	X	X	X
2		*Oct 2021			*Nov 2021			*Dec 2021						
3		*Oct 2021			*Nov 2021			*Dec 2021						
4		*Oct 2021			*Nov 2021			*Dec 2021						
5		*Oct 2021			*Nov 2021			*Dec 2021						
6		*Oct 2021			*Nov 2021			*Dec 2021						

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 3853. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

Name Kairav Patel		Social Security Number 195-99-7749		
	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
I Schedule P/P(540NR), Part III, Section A, line 5, column (c)			0.	
II Credits that reduce excess tax and have carryover provisions.				
Code Credit Name				
205 Disabled Access			0.	
204 Donated Agricultural Products Transportation			0.	
190 Employer Childcare Contribution . . .			0.	
189 Employer Child Care Program			0.	
203 Enhanced Oil Recovery			0.	
207 Farmworker Housing			0.	
198 Local Agency Military Base Recovery Area Hiring			0.	
198 Local Agency Military Base Recovery Area Sales or Use Tax			0.	
220 New Jobs			0.	
237 New Motion Picture & Television			0.	
238 New Donated Fresh Fruits or Vegetables			0.	
239 Program 3.0 Motion Picture & Television			0.	
240 Main Street Small Business Credit . .			0.	
234 New Employment			0.	
175 Agricultural Products			0.	
223 Motion Picture and Television Production			0.	
209 Community Development Financial Institution Deposits Credit			0.	
224 Donated Fresh Fruits or Vegetables Credit			0.	
194 Employee Ridesharing			0.	
191 Employer Ridesharing (Large)			0.	
192 Employer Ridesharing (Small)			0.	
193 Employer Ridesharing (Transit Passes)			0.	
182 Energy Conservation			0.	
218 Environmental Tax			0.	
160 Low Emission Vehicles			0.	
211 Manufacturing Enhancement Area Hiring			0.	
184 Political Contributions			0.	
174 Recycling Equipment			0.	
186 Residential Rental and Farm Sales . .			0.	
206 Rice Straw			0.	
171 Ridesharing			0.	
200 Salmon and Steelhead Trout Habitat Restoration			0.	
179 Solar Pump			0.	
178 Water Conservation			0.	

161	Young Infant			0.	
241	Main Street Small Business Tax II . .			0.	

Kairav Patel

195-99-7749

Page 2

	(a) Credit amount	(b) Credit used this year	(c) Tax that may be offset by credits	(d) Credit carryover
III Schedule P/P(540NR), Part III, Section B, line 15, column (c)			0.	
IV Credits that reduce net tax and have carryover provisions.				
Code Credit Name				
233 California Competes			0.	
235 College Access			0.	
197 Child Adoption			0.	
176 Enterprise Zone Hiring			0.	
176 Enterprise Zone Sales or Use Tax . .			0.	
172 Low-Income Housing			0.	
213 Natural Heritage Preservation			0.	
183 Research			0.	
210 Targeted Tax Area Hiring			0.	
210 Targeted Tax Area Sales or Use Tax .			0.	
196 Commercial Solar Electric System . .			0.	
181 Commercial Solar Energy			0.	
185 Orphan Drug			0.	
180 Solar Energy			0.	
242 Pass-Through Entity Elective Tax . . .				

California Information Worksheet

2021

► Keep for your records

Part I — Personal Information

Taxpayer:

First Name Kairav
Middle Initial Suffix
Last Name Patel
Social Security No. 195-99-7749
Date of Birth 11/18/1997 (mm/dd/yyyy)
or age as of 1-1-2022 24
Date of Death (mm/dd/yyyy)
Legally blind ☒
Daytime Phone (408) 904-8575 Ext

Spouse/RDP:

First Name
Middle Initial Suffix
Last Name
Social Security No.
Date of Birth (mm/dd/yyyy)
or age as of 1-1-2022
Date of Death (mm/dd/yyyy)
Legally blind ☐
Daytime Phone Ext

Home phone
Your email address to print on Form 540, 540NR or 540X (optional)
Check to print phone number on Form 540. ☒ Taxpayer daytime ☐ Spouse/RDP day ☐ Home

c/o Address
Street Address 1440 N State College Blvd
Unit Description Unit Number Private Mailbox (PMB)
City Anaheim State CA ZIP Code 92806-1205
Foreign province/county Foreign postal code
Foreign country

Principal Residence (California Resident filers only):

County in California Orange
Is your address above the same as your principal/physical residence address? Yes ☒ No ☐
If not, enter your principal/physical residence address below:
Street address (number and street) or PO box
Apartment number or suite number State ZIP code
City

Military Filers:

☐ APO ☐ FPO
For Military Extension:
Military indicator Taxpayer Spouse/RDP

Part II — Main Form

☒ Form 540: Resident Income Tax Return. ►
☐ Form 540NR: Nonresident or Part-Year Resident Income Tax Return ►
Enter your state of residence as of December 31, 2021 CA
☒ Resident entire year
☐ Resident part of year
Date you established residence in state above
In which state (or foreign country) did you reside before this change?
QuickZoom to enter Part-Year and Nonresident income allocations on Schedule CA(NR) ►

Part III — Filing Status

☒ Single
☐ Married/RDP filing joint return
☐ Married/RDP filing separate return
☐ You **did not** live with spouse at any time during the year
Yes No
☐ ☐ If filing electronically, is spouse a CA Nonresident?
☐ ☐ If filing electronically, is spouse Active Duty Military?
☐ Head of household (with qualifying person) **Stop.** See instructions.
If the 'qualifying person' is your child but **not** your dependent:
Child's name
Child's social security number
☐ Qualifying widow(er)
Year spouse/RDP died ☐ 2019 ☐ 2020
If the 'qualifying person' is your child but **not** your dependent:
Child's First name Last Name
☐ Check the box if your California filing status is different from your federal filing status.

Part IV — Dependent Information

First Name	I	Last Name	*	**	Social Security No.	Relationship	DOB	DOD

* Check this box if this dependent was ineligible for an SSN or ITIN and **was a resident of Canada or Mexico** (see Form 3568)

** Select resident of either Mexico or Canada if ineligible for SSN or ITIN

Part V – Standard Deduction/Itemized Deductions

- ☐ Calculate California itemized deductions even if itemized deductions are less than the standard deduction
- ☐ You are married filing separately and your spouse itemized deductions
- ☐ Take the standard deduction even if less than itemized deductions

Part VI – Other Information**Prior Name:**

If you filed your 2020 return under a different last name, enter the last name **only** from the 2020 return ▶ Taxpayer Spouse/RDP

Dependent of Someone Else:

Taxpayer **Spouse**

☐ ☐ Can someone (such as a parent) claim you and/or your spouse/RDP as a dependent?

Interest and Penalties:

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

Farmers and Fishermen:

- ☐ At least two-thirds of your 2020 or 2021 gross income is from farming or fishing
- ☐ Return will be filed and tax due will be paid by March 1, 2022

Mandatory Electronic Payments

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

Schedule W-2:

☐ You do **not** want to complete Schedule W-2

Executor/Guardian Information:

First Name

MI

Last Name

Suf.

Executor/Guardian

Surviving Spouse Indicator ☐ Check this box instead of entering the Spouse/RDP name above

Executor type (if filing electronically)

Third Party Designee:

Yes **No**

☐ ☐ Do you want to allow another person to discuss your return with the Franchise Tax Board?

If yes, enter the person's name

Telephone

First Middle init Last Name Suffix

Disasters:

☐ Claiming a disaster loss (see FTB Publication 1034)

QuickZoom to enter disaster explanation ▶

Outside of the USA:

☐ You were living or traveling outside the United States on May 17, 2022

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

AMENDED, DO NOT PROCESS – ATTACH TO SCHEDULE X

Part VII – Direct Deposit Information or Direct Debit Information

Yes **No**

☐ ☒ Do you want to elect direct deposit of state tax refund?

☐ ☐ Do you want direct debit of state tax payment? (EF Only)

☐ ☐ Do you want direct debit of state tax payment for the **amended return**? (EF Only)

Bank Information:

Enter the following information if you want to directly deposit any state tax refund or direct debit of state tax payment:

Name of Financial Institution (optional) Bank of America

Account type Checking . ☒ Savings . ☐

Routing number 121000358

Account number 325141532620

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to debit the account above

State balance-due amount from this return

Direct debit of balance due with amended return information:

Payment date to debit the account above

State balance-due amount paid with this amended return

International ACH Transactions**Yes No**☐☒

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

Part VIII – California Contributions

1	California Seniors Special Fund (Taxpayer)	1	
2	California Seniors Special Fund (Spouse/RDP)	2	
3	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	3	
4	Rare and Endangered Species Preservation Voluntary Tax Contribution Program .	4	
5	California Breast Cancer Research Voluntary Tax Contribution Fund	5	
6	California Firefighters' Memorial Voluntary Tax Contribution Fund	6	
7	Emergency Food For Families Voluntary Tax Contribution Fund	7	
8	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . .	8	
9	California Sea Otter Voluntary Tax Contribution Fund	9	
10	California Cancer Research Voluntary Tax Contribution Fund	10	
11	School Supplies for Homeless Children Fund	11	
12	State Parks Protection Fund/Parks Pass Purchase	12	
13	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	13	
14	Keep Arts in Schools Voluntary Tax Contribution Fund	14	
15	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund . .	15	
16	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	16	
17	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	17	
18	Rape Kit Backlog Voluntary Tax Contribution Fund	18	
19	Schools Not Prisons Voluntary Tax Contribution Fund	19	
20	Suicide Prevention Voluntary Tax Contribution Fund	20	
21	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	21	
22	California Community and Neighborhood Tree Voluntary Tax Contribution Fund . .	22	

Part IX – Extension Status**Yes No**

☐ ☒ Have you filed Form 3519 - "Payment Voucher for Automatic Extension for Individuals" **or** extended the federal tax return?

If Yes, enter the extended due date

QuickZoom to Form 3519: Payment voucher for automatic extension ▶

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

	Taxpayer	Spouse
Beginning Military Date	_____	_____
Ending Military Date	_____	_____
Combat zone/QHDA Operation or Area Served	_____	_____

Part X – Amended Return

☒ Are you filing a California amended return?

Enter the tax year you are amending 2021

Previous California payment made _____

Previous California refund received 102.

QuickZoom here to Schedule X ▶

QuickZoom to Form 540 ▶

QuickZoom to Form 540NR. ▶

Part XI – Mortgage Interest Adjustment

☐ Reviewed Mortgage and Interest Adjustments

Name(s) Shown on Return
Kairav PatelYour Social Security Number
195-99-7749**Part I 2022 Estimated Tax Amount Options****1 Select One of Six Ways to Calculate the Required Annual Payment for 2022 Estimates:**

- a 100% (110%) of **2021** taxes ☒ 0.
- b 100% of tax on **2022** estimated taxable income ☐ 0.
- c 90% of tax on **2022** estimated taxable income ☐ 0.
- d 66-2/3% of tax on **2022** estimated taxable income (farmers and fishermen) ☐ 0.
- e Equal to 100% of overpayment (no vouchers) ☐ 102.
- f Enter total amount you want to use for estimates and check box ☐ 0.

2 Selected estimated tax amount:

- a 2022 Required Annual Payment based on your choice above 0.
- b Estimated amount of 2022 state income tax withholding
- c **Total of estimated tax payments required for 2022** (line 2a less line 2b) 0.

3 Select Estimated Tax Payment option:

- a Calculate estimates if \$500 or more (\$250 or more if married filing separately) ☒
- b Calculate estimates if _____ (specify amount) or more ☐
- c Calculate estimates regardless of amount ☐
- d Do **not** calculate estimates ☐

Part II Overpayment Application Options

- 1 Amount of overpayment available 102.

2 Select Overpayment Application Option:

- a Apply none (refund entire overpayment) ☒
- b Apply all (increase estimate if required) ☐
- c Apply to extent of total estimated tax and refund excess ☐
- d Apply to extent of first quarter amount and refund excess ☐
- e Enter amount you want to apply ☐
- f Amount applied to 2022 estimated tax 0.
- g Overpayment to be refunded (line 1 less line 2f) 102.

3 Select Overpayment Application Sequence:

- a ☒ ◀ Consecutively b ☐ ◀ Evenly

Part III Rounding and Printing Options**1 Select Rounding Option:**

- a ☒ ◀ Round up to next \$1 b ☐ ◀ Round up to next \$10 c ☐ ◀ Round up to next \$100 d ☐ ◀ Round to nearest \$1

2 Select Voucher Printing Option:

- a ☒ ◀ Print (per Part I, lines 3a - c) b ☐ ◀ Print only name, etc. c ☐ ◀ Do **not** print vouchers

Part IV Estimated Tax Payment Summary

	1 Apr 18, 2022	2 Jun 15, 2022	3 Sep 15, 2022	4 Jan 17, 2023	Total
1 If you have already made payments, enter amounts. . .					
2 Indicate which payment is due next. (e.g. if it is now May 10, 2022, check col. 2) . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Required Payment					
4 Overpayment applied					
5 Net payment due					
6 Voucher amounts					

Part V Filing Status and Residency Change for 2022

1 Choose 2022 filing status:

- ☒ Single
☐ Married filing jointly
☐ Married filing separately
☐ Head of Household
☐ Qualifying widow(er)

2 Check if you are a resident filer in 2021 and expect to be a nonresident in 2022 or vice versa ☐**Part VI Changes to Income, Deductions, Credits and Withholding for 2022**

2021 income and deductions are shown in the '2021 Actual' column below.

***Caution:** For each line in the '2022 Est' column, enter the estimated 2022 amount **if different** from 2021. Otherwise, the '2021 Actual' amount will be used for that line. If zero, you **must** enter zero.

	2021 Actual	*2022 Est
A Federal adjusted gross income	1,568.	
B Residents: Enter California adjusted gross income	1,568.	
C Nonresidents/Part-year residents:		
1 AGI from all sources (after all California adjustments)		
2 AGI from California sources.		
D Itemized Deductions: Use itemized deductions for 2022 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1 Total itemized deductions (before phaseout)		
2 Total itemized deductions (after phaseout)		
3 Medical, investment interest, casualty and gambling losses, included in D1 (after all California adjustments)		
E Number of personal, blind and senior exemptions	2	
F Number of dependent exemptions		
G Credits:		
1 Credits for joint custody head of household, dependent parent and senior head of household		
2 Child and dependent care expenses		
H Other credits (such as renter's credit and other state tax credit)		
I Tax on accumulation distribution of trusts from FTB 5870A		
J Interest on deferred tax from installment obligations under IRC Section 453 or 453A		
K Alternative minimum tax.		
L California income tax withheld		

Part VII 2022 Estimated Taxable Income and Tax

1 Residents: Enter your estimated 2022 California AGI. Nonresidents and part-year residents: Enter your estimated 2022 total AGI from all sources		1	1,568.
2 a If you plan to itemize deductions, enter the estimated total of your itemized deductions	2 a		
b If you do not plan to itemize deductions, enter the standard deduction for your filing status: \$4,803 single or married filing separately \$9,606 married filing jointly, head of household, or qualifying widow(er)	b		4,803.
c Enter the amount from line 2a or line 2b, whichever applies		2 c	4,803.
3 Subtract line 2c from line 1		3	0.

4 Tax. Figure your tax on the amount on line 3 using 2021 tax table for Forms 540 or Form 540NR. Also include any tax from Form 3800, Tax Computation for Children with Unearned Income; or Form 3803, Parents' Election to Report Child's Interest and Dividends.	4	0.
5 Residents: Skip to line 6a.		
Nonresidents and part-year residents:		
a Enter your estimated California taxable income from Schedule CA (540NR), Part IV, line 5.	5 a	
b Compute the CA Tax Rate:		
Tax on total taxable income from line 4 <hr/>	b	
Total taxable income from line 3		
c Multiply the amount on line 5a by the CA Tax Rate on line 5b.	c	
6 a Residents: Enter the exemption credit amount from the 2021 instructions for Form 540.	6 a	258.
b Nonresidents or part-year residents: Enter the CA credit proration percentage. Divide line 5a by line 3. If more than 1 enter 1.0000	b	
7 Nonresidents: CA prorated exemption credits. Multiply the total exemption credit amount by line 6b.	7	
8 Residents: Subtract line 6a from line 4. Nonresidents or part-year residents subtract line 7 from line 5c	8	0.
9 Tax on accumulation distribution of trusts	9	
10 Add line 8 and line 9.	10	0.
11 Credits for joint custody head of household, dependent parent, senior head of household and child and dependent care expenses.		
Nonresidents or part-year residents: For the child and dependent care expenses credit, use the amount from your 2021 Form 540NR, line 50. For the other credits listed on line 11, multiply the total 2021 credit amount by the ratio on line 6b.	11	
12 Subtract line 11 from line 10	12	0.
13 Other credits (such as other state tax credit). See the 2021 instructions for Form 540 or Form 540NR	13	
14 Subtract line 13 from line 12	14	0.
15 Interest on deferred tax from installment obligations under IRC Sections 453 or 453A	15	
16 Alternative Minimum Tax	16	
17 Mental Health Services Tax.	17	
18 2022 estimated tax. Add line 14 through line 17. Enter the result, but not less than zero	18	0.

Interest and Dividend Adjustments Worksheet

2021

Name as Shown on Return Kairav Patel	Social Security Number 195-99-7749
---	---------------------------------------

Interest Income Adjustments	(B) Subtractions	(C) Additions
1 Bonds or obligations of the United States or any of its territories*		
2 Loans made in an enterprise zone		
3 Interest on obligations of District of Columbia issued after December 27, 1973		
4 Additional interest on state, county, city, town or other local government bonds issued by or in a state other than California		
5 California interest adjustments from K-1's		
6 Interest earned from Health Savings Account		
7 Interest from Ottoman Turkish Empire Settlement Payments		
8 Other interest income subtraction		
9 Tax exempt interest from other states or that do not meet 50% rule		
10 a Canadian RRSP undistributed interest income from Form 8891		
b RRSP total interest income for the year		
11 Interest from Build America Bond		
12 Other adjustments (itemize):		
a ----- . .		
b ----- . .		
c ----- . .		
d ----- . .		
Total adjustments from taxable interest income. Enter here and on Schedule CA (540/540NR), line 2.		

Dividend Income Adjustments	(B) Subtractions	(C) Additions
13 Controlled foreign corporation dividends		
14 Regulated investment company (RIC) capital gains		
15 Distributions of pre-1987 earnings from S Corporations		
16 U.S. obligations dividends adjustment		
17 California dividend adjustments from K-1's		
18 a Canadian RRSP undistributed dividend income from Form 8891		
b RRSP total interest dividend for the year		
19 Other adjustments (itemize):		
a ----- . .		
b ----- . .		
c ----- . .		
d ----- . .		
e Dividend earned from Health Savings Account		
Total adjustments from taxable dividend income. Enter here and on Schedule CA (540/540NR), line 3.		

* Do not make adjustments in either column B or column C for the amount of interest you earned on Federal National Mortgage Association (Fannie Mae) Bonds, Government National Mortgage Association (Ginnie Mae) Bonds, and Federal Home Loan Mortgage Corporations (FHLMC) securities. California law is the same as federal law for these types of interest income.

Schedule CA
Section B Line 8z

California Other Income Statement
▶ Attach to return (after all other FTB forms)

2021

Name as Shown on Return
Kairav Patel

Social Security Number
195-99-7749

	(A) Federal	(B) Subtractions	(C) Additions
1 COBRA premium assistance	0 .		0 .
2 Emergency financial aid grants			
3 California microbusiness COVID-19 relief grant			
4 California venues grant	0 .	0 .	
5 Shuttered venue operator grants	0 .		0 .
6 Restaurant revitalization grants	0 .		0 .
7 Small Business COVID-19 Relief Grant Program	0 .	0 .	
8 Income exclusion for rent forgiveness			
9 IRC Section 965 deferred foreign income			
10 Qualified equity grants			
11 Expanded use of 529 account funds			
12 Native American income, Form 3504			
13 Federal form 8814/California form 3803 adjustment			
14 Reward from a crime hotline			
15 Beverage container recycling income			
16 Rebates or vouchers from a local water agency, energy agency or energy supplier			
17 Financial incentive for seismic improvement			
18 Original issue discount (OID) for debt instruments issued in 1985 and 1986			
19 Foreign income of nonresident aliens			
20 Cost-share payments received by forest landowners			
21 Coverdell (ESA) distributions			
22 Grants paid to low-income individuals			
23 California National Guard Surviving Spouse & Children Relief Act of 2004			
24 Ottoman Turkish Empire Settlement Payments			
25 Other income, from Schedule(s) K-1			
26 a Canadian RRSP undistributed other income from Form 8891 . .			
b RRSP total other income for the year			
27 Taxable Archer MSA distribution (Form 3805P)			
28 Excess business loss adjustment			
Other taxable income:			
29 a			
b			
c			
d			
e			
f			
g			
30 Total. Add lines 1 through 29 Enter here and on Schedule CA or Schedule CA(NR),Section B line 8z.	0 .	0 .	0 .

► Keep for your records

Name(s) Shown on Return

Kairav Patel

Social Security Number

195-99-7749

Part 1 - Home Mortgage Loan Information

	Loan 1	Loan 2	Loan 3	Loan 4	Loan 5
Beginning mortgage principal					
End of year mortgage principal					
Principal paid on loan in 2021					
Non-acquisition debt at origination					
Total interest paid in 2021					
Acquisition interest paid in 2021					
Non-acq. interest paid in 2021					
Points deductible in 2021					
Acquisition points paid in 2021					
Non-Acq. points paid in 2021					
Acquisition points amortized					
Non-Acq. points amortized					
This loan was refinanced in 2021 with a new Form 1098	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Loan is the result of a refinancing a previous loan	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Mortgage interest was reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Points were reported to you on Form 1098?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Were all proceeds of this loan used to buy, build or substantially improve the taxpayer's home that secures the loan?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
Proceeds used to buy, build or improve taxpayer's home.					

Home Acquisition Debt

Home mortgage debt used to buy, build or improve the taxpayer's home

Beginning balance					
Principal applied					
Ending balance					
Average balance.					

Non-Acquisition Debt

Home mortgage debt NOT used to buy, build or improve the taxpayer's home

Beginning balance					
Principal applied					
Ending balance					
Average balance.					

Additional Information - Home Acquisition Debt exceeding limit or Home Equity Debt

Fair market value of homes on date debt was last secured by home ▶
Home acquisition debt on date debt was last secured by home ▶

Deductible Home Mortgage Interest Worksheet**2021**

▶ Keep for your records

Kairav Patel

195-99-7749

Page 2

Part 2 – Deductible Home Mortgage Interest on Acquisition Debt

Your state may allow a mortgage interest deduction on more acquisition debt than on your federal return

1	Deductible acquisition debt home mortgage interest on Federal return	1	
2	Deductible acquisition debt home mortgage interest recalculated using \$1,000,000 limit (\$500,000 if married filing separately)	2	

Part 3 – Deductible Home Mortgage Interest on Non-Acquisition Debt

Your state allows for an additional mortgage interest deduction on up to \$100,000 of non-acquisition debt

1	Mortgage interest related to non-acquisition debt.	1	
2	Average balance of all qualified homes with non-acquisition debt	2	
3	Remaining FMV. FMV less total mortgage acquisition debt	3	0.
4	Limit on non-acquisition debt of \$100,000 (\$50,000 if married filing separately) . . .	4	100,000.
5	Lesser of lines 2, 3, and 4. This is amount of eligible non-acquisition debt	5	0.
6	Divide line 5 by line 2	6	.000000
7	Multiply line 1 by line 6. This is deductible home mortgage interest on NA debt.	7	
8	Home mortgage interest on acquisition debt from Part 2, line 2.	8	
9	Add line 7 and line 8. This is total deductible home mortgage interest	9	

Was the mortgage interest limited on federal return?

Yes . . .

☐

No . . .

☒

Does your mortgage interest need to be limited/adjusted for state:

Yes . . .

☐

No . . .

☐

Total interest above reported on Form 1098.

Total acquisition debt points reported on Form 1098 x limit %

Total non-acquisition debt points reported on 1098 x line 6

Qualified mortgage interest (reported on Form 1098) from Schedule E Worksheet

Less home mortgage interest/points (reported on Form 1098) deducted on form 8829

Less home mortgage interest (reported on Form 1098) from Form 8396, line 3.

Adjusted total interest/points reported on Form 1098.

Total interest above **not** reported on 1098.

Less home mortgage interest (**not** reported on Form 1098) deducted on Form 8829

Adjusted total interest **not** reported on Form 1098

Total acquisition debt points **not** reported on Form 1098. x limit %

Total non-acquisition points above **not** reported on 1098. x line 6

Less points (**not** reported on Form 1098) deducted on Form 8829

Adjusted total points **not** reported on Form 1098

Tax Payments Worksheet

2021

► Keep for your records

Name Kairav Patel	Social Security Number 195-99-7749
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Tax Payments for the Current Year

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

Income Taxes Withheld for the Current Year

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

Use Tax Worksheet

2021

► Keep for your records

Name as Shown on Return

Kairav Patel

Social Security Number

195-99-7749

Use the Use Tax Worksheet to calculate use tax liability if any of the following apply:

- You prefer to calculate the amount of use tax due based upon actual purchases subject to use tax.
- Owe use tax on non-business purchases of individual items of property with a sale price \$1,000 or more.
- Owe use tax on any item purchased for use in a trade or business not registered with the California Department of Tax and Fee Administration.

If you have a combination of individual items purchased for \$1,000 or more and individual, non-business items purchased for less than \$1,000 you may either:

- Use the Use Tax Worksheet to compute use tax due on all purchases, or
- Use the Use Tax Worksheet to compute use tax due on all individual items purchases for \$1,000 or more and use the Estimated Use Tax Table to estimate the use tax due on individual, non-business items purchased for less than \$1,000.

Round all amounts to the nearest whole dollar.

Use Tax Worksheet

(a) Purchases from out-of-state	(b) Sales and use tax rate	(c) Sales and use tax rate	(d) (a) x (c)	(e) Use tax paid to other state	(f) Use tax due
		%			
		%			
		%			
		%			

A. Use tax amount based on table above.

Estimated Use Tax Table

Use the Estimated Use Tax Table below to estimate and report the use tax due on individual non-business items you purchased for less than \$1,000 each, instead of reporting your use tax liability determined using the Use Tax Worksheet above.

Adjusted Gross Income AGI Range	Use Tax
Less than \$10,000	\$0
\$10,000 - \$19,999	\$1
\$20,000 - \$29,999	\$2
\$30,000 - \$39,999	\$3
\$40,000 - \$49,999	\$4
\$50,000 - \$59,999	\$4
\$60,000 - \$69,999	\$5
\$70,000 - \$79,999	\$6
\$80,000 - \$89,999	\$7
\$90,000 - \$99,999	\$8
\$100,000 - \$124,999	\$9
\$125,000 - \$149,999	\$11
\$150,000 - \$174,999	\$13
\$175,000 - \$199,999	\$15
More than \$199,999	Multiply AGI by 0.008% (0.00008)

To use the Estimated Use Tax Table to calculate Use Tax, check here ☐

B. Use tax based on California adjusted gross income

1	Sum of Use Tax Worksheet, line A and Estimated Use Tax Table, line B This is the total use tax due. If the amount is less than zero, enter -0-	1	
---	---	---	--

California Carryover Worksheet

2021

Use this worksheet to enter information from your 2020 tax return
which will be used on your 2021 tax return

► Keep for your records

Name as Shown on Return Kairav Patel	Social Security Number 195-99-7749
---	---------------------------------------

2020 Tax and Income Information

1	Filing status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married Filing Joint	<input type="checkbox"/> Married Filing Separate
		<input type="checkbox"/> Head of Household	<input type="checkbox"/> Qualifying Widow(er)	
2	Tax liability (Form 540, lines 48, 61, 62; Form 540 2EZ, line 21; or Form 540NR, lines 63, 71 and 72; plus any IRC Section 453A interest from Form 540 line 63 or Form 540NR line 73)	2		
3	Tax on lump-sum distributions (Schedule G-1)	3		
4	California income tax withheld (Form 540, lines 71 and 73; Form 540 2EZ, line 22 or Form 540NR, lines 81 and 83)	4		
5	Excess California SDI withheld (Form 540, line 74; or Form 540NR, line 84)	5		
6	California adjusted gross income (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	6		
7	Refund (Form 540, line 115; Form 540 2EZ, line 28; or Form 540NR, line 125)	7		
8	Balance Due (Form 540, line 114; Form 540 2EZ, line 27; or Form 540NR, line 124)	8		

Loss Carryovers (Non-passive)

		Regular Tax	AMT
9 a	Capital loss carryover	9 a	
b	Capital loss carryover (nonresidents)	b	
10	Schedule D-1 - Nonrecaptured net section 1231 losses from:		
a	2020	10 a	
b	2019	b	
c	2018	c	
d	2017	d	
e	2016	e	

Other Carryovers

11	Disallowed investment interest expense carryforward (Form 3526, line 7)	11	
12	Disallowed alternative minimum tax investment interest expense carryforward (Form 3526-AMT, line 7)	12	
13	Net operating loss carryforward from Form 3805V	13	
14	Disaster loss carryforward from Form 3805V	14	

Form 3510 (Credit for Prior Year Alternative Minimum Tax)

15 Form 3510 information - 2020 Resident filers		
a Schedule P, Part I, line 15 through line 18	15 a	
b Schedule P, Part I, line 1 through line 7, 13b, 13i, and any other exclusions on a line other than those listed	b	
c Schedule P, Part II, line 25	c	
d Schedule P, Part II, line 26	d	
e Schedule P, Part III, Section C, lines 22 and 23, column b	e	
16 Form 3510 information - 2020 Nonresident or Part-year residents		
a Schedule P(NR), Part I, line 15 through line 18	16 a	
b Schedule P(NR), Part I, line 1 through line 7, 13b, 13i and any other exclusions on a line other than those listed	b	
c Schedule P(NR), Part II, line 35	c	
d Schedule P(NR), Part II, line 28	d	
e Schedule P(NR), Part II, line 29a and 29h	e	
f Schedule P(NR), Part II, line 44	f	
g Schedule P(NR), Part II, line 45	g	
h Schedule P(NR), Part III, Section C, lines 22 and 23, column b	h	

Charitable Contribution Carryforward

17 Schedule CA/CA(NR) - Charitable Contribution Carryforward		
a 2021	17 a	
b 2020	b	
c 2019	c	
d 2018	d	
e 2017	e	

California Depreciation Options

2021

Name as Shown on Return
Kairav Patel

Social Security Number
195-99-7749

MACRS Convention

The program uses the half-year convention for all MACRS personal property assets placed in service in 2021 unless you check 'Mid-quarter convention' below.

- 1 ☒ Half-year convention
2 ☐ Mid-quarter convention

MACRS Computation

Use IRS tables for all MACRS property placed in service this year? ☐ Yes ☒ No

Section 179 Limitation

If more than one business activity is claiming a Section 179 expense deduction, the limitation must be computed on a separate copy of the Section 179 Worksheet. This is the copy that appears on the menu as Form 3885A:Section 179 Limitation. Please review Tax Help for instructions on allocating the allowable Section 179 back to the individual activities when the deduction is limited.

If only one business activity is claiming a Section 179 expense deduction, the limitation will be computed on the Section 179 Worksheet for that activity.

Section 179 Information

1 a	Calculated "Total cost of Section 179 property placed in service"	1 a	
b	Additions or subtractions to calculated value	b	
2	If Married Filing Separately, enter:		
a	Total cost of eligible property placed in service this year by spouse.	2 a	
b	Allocation percentage elected for your return, if other than 50%.	b	%
3	Taxable Income for the Section 179 Limitation		
a	Federal taxable income for the Section 179 limitation	3 a	
b	California Adjustments (calculated)	b	
c	Other additions or subtractions to taxable income	c	
d	California Taxable Income for the Section 179 Limitation	d	

Two-Year Comparison

2021

Kairav Patel

Income	2020	2021	Difference	%
Federal AGI and California Adjustments:				
Federal adjusted gross income		1,568.	1,568.	
California adjustments		0.	0.	
Adjusted Gross Income		1,568.	1,568.	
Standard or Itemized Deduction . . .		4,803.	4,803.	
Taxable Income		0.	0.	
Tax		0.	0.	
Exemption credits		258.	258.	
Tax less exemption credits		0.	0.	
Schedule G-1 and Form 5870A tax . . .				
Tax before credits		0.	0.	
Credits				
Tax after credits		0.	0.	
Alternative minimum tax				
Other taxes and IRC interest				
Total Tax After Credits		0.	0.	
Withholding				
Estimated payments				
Other payments		102.	102.	
Total Payments		102.	102.	
Use tax		0.	0.	
Contributions				
Form 5805/5805F penalty				
Other penalties and interest				
Applied to next year's estimated tax . . .		0.	0.	
Amount Refund		102.	102.	
Amount Due				

Current year effective tax rate 0.00 %

Tax Summary
 ► Keep for your records

2021

Name(s) Kairav Patel	
Federal adjusted gross income	1,568.
Net California adjustments	0.
California adjusted gross income	1,568.
Itemized/standard deduction	4,803.
California taxable income	0.
Tax	0.
Exemption credits	258.
Tax less exemptions	0.
Tax from Schedule G-1/FTB 5870A	
Credits	
Other taxes	
Total tax (including ISR penalty, if applicable)	0.
Total payments	102.
Use tax	0.
Contributions	
Underpayment penalty	
Interest, late filing and late payment penalties	
Refund	0.
Balance due	
Tax bracket	_____ %

California Electronic Filing Information Worksheet

2021

► Keep for your records

Name as Shown on Return Kairav Patel	Social Security Number 195-99-7749
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Electronic Return Originator Information

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

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Phone Number	Fax Number
Address			Employer Identification Number	
City	State	Zip Code	EFIN	
Country			E-mail Address	

Paid Preparer Information

Firm Name			Social Security Number/Preparer Tax ID Number	
Name			Employer Identification Number	
Address			Phone Number	Fax Number
City	State	Zip Code		
Country			E-mail Address	

Electronic Filing Review Check

If any of the questions below are checked yes, the return may not be filed electronically		Yes	No
1	Are there more than fifty W-2s, or twenty 1099-Rs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Are there more than ten copies of Form 3803 or ten copies of Form 3805E?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Are there more than twenty five copies of Schedule S?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Is there an amended Form 3805P attached?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Were any entries made for Form 3503, 3507, 3546, 3553, 3807, 3808, 3809, or 5870A?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Is there withholding from a form other than W-2, W-2G, 1099R, 1099G, 1099B, 1099INT 1099DIV, 1099MISC, 592-B, and 593?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Are any invalid entries made on Form 3805V page 3, part III? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there more than 97 detail lines on forms to be filed? (See help)	<input type="checkbox"/>	<input type="checkbox"/>
9	Is this a fiscal year filer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Is Form 3506 being filed to claim credit for prior year expenses or the taxpayer or spouse is claimed as a qualifying person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	Is the Federal filing status married filing joint and the California filing status married filing separate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Is Federal Form 4852 (substitute W2) being used?	<input type="checkbox"/>	<input type="checkbox"/>
13	Check that you have the correct selections for the RDP return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14	On the 3506, are there any foreign care providers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15	Is Direct Debit selected and no balance due on the return?	<input type="checkbox"/>	<input type="checkbox"/>

Smart Worksheets From 2021 California Tax Return

SMART WORKSHEET FOR: Form 3514: California Earned Income Tax Credit

Earned Income Tax Credit Smart Worksheet		
Part I - All Filers		
1	Enter your California earned income from Form 3514, line 19	1 <u>1,568.</u>
2	Credit in the EIC Table from the amount on line 1.	2 <u>102.</u>
If the amount on line 2 is zero, stop here. You cannot take the credit.		
3	Enter your federal adjusted gross income from Form 1040 or 1040SR 11 . .	3 <u>1,568.</u>
4	Are the amounts on lines 1 and 3 the same?	
	Yes Skip line 5 and enter the amount on line 2 on line 6.	
	No Go to line 5.	
Part II - Filers Who Answered "No" on Line 4		
5	If you have:	
	• No qualifying children, is the amount on line 3 less than \$3,922?	
	• 1 qualifying child, is the amount on line 3 less than \$5,890?	
	• 2 or more qualifying children, is the amount on line 3 less than \$8,268?	
	Yes Leave line 5 blank; enter the amount from line 2 on line 6.	
	No Enter the credit in the EIC Table from the amount on line 3	
	5	<u> </u>
	Enter the smaller of line 2 or line 5 on line 6	
Part III - Your Earned Income Tax Credit		
6	This is your California earned income tax credit.	
	Enter this amount on Form 3514, line 20.	6 <u>102.</u>

Name	Age	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Total Number of X's for month. If 5 or more, enter 5.													
2. Total Number of X's for month for individuals 18 or over.													
3. One-half the number of X's in a month for individuals under 18													
4. Add lines 2 and 3 for each month													
5. Multiply line 4 by \$800 for each month. If \$2,400 or more, enter \$2,400													
6. Sum of the number of X's on line 1 above for the year													
7. Enter your household income											1,568.		
8. Enter your filing threshold											15,448.		
9. Subtract line 8 from line 7													
10. Multiply Line 9 by 2.5% (.025)													
11. Is line 10 more than \$2,400? <input type="checkbox"/> Yes. Multiply line 10 by the no. of months for which line 1 is more than zero. <input type="checkbox"/> No. Enter the amount of line 5 on the Flat Dollar Amount Worksheet.													
12. Divide line 11 by 12.0													
13. Multiply line 6 by \$291													
14. Enter the smaller of line 12 or 13 here and on Part IV, line 1 below													