

May 8, 2021

Gopalakrishnan Elumalai and Mahalakshmi Gopalakrishnan  
34191 Whitehead Ln  
Fremont, CA 94536

Please find enclosed a copy of your 2020 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on May 16, 2021; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is \$416. The amount that will be withdrawn from your savings, checking, or share draft account on May 17, 2021 is \$416.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Jino Joseph & Associates Inc  
35703 Gissing Pl  
Fremont, CA 94536  
(408)396-2787

May 8, 2021

Gopalakrishnan Elumalai and Mahalakshmi Gopalakrishnan  
34191 Whitehead Ln  
Fremont, CA 94536

Please find enclosed a copy of your 2020 California income tax return for your records. Your California income tax return was electronically transmitted to the FTB on May 16, 2021; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you overpaid on your California income tax return is \$4,745. The amount of overpayment applied to your 2021 estimates is \$0. The amount to be refunded to you is \$4,745.

Please find enclosed a copy of your 2020 California limited liability company tax return for your records. Your California limited liability company tax return was electronically transmitted to the FTB on May 16, 2021; therefore, do not mail your California limited liability company tax return to the Franchise Tax Board.

The amount you overpaid on your California limited liability company tax return is \$0. The amount of overpayment applied to your 2021 estimates is \$0. The amount to be refunded to you is \$0.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Jino Joseph & Associates Inc  
35703 Gissing Pl  
Fremont, CA 94536  
(408)396-2787

Form 1040

Department of the Treasury—Internal Revenue Service (99)  
U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

IRS Use Only – Do not write or staple in this space.

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only 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 one box.  
a child but not your dependent ►

Your first name and middle initial

Last name

Your social security number

**Gopalakrishnan****Elumalai****619-11-4302**

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

**Mahalakshmi****Gopalakrishnan****291-73-8981**

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

**34191 Whitehead Ln**

City, town, or post office. If you have a foreign address, also complete spaces below.

**Fremont**

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. You  Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

 Yes  No**Standard Deduction**  Someone can claim:  You as a dependent  Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien**Age/Blindness** **You:**  Were born before January 2, 1956  Are blind **Spouse:**  Was born before January 2, 1956  Is blind**Dependents** (see instructions):If more than four dependents, see instructions and check here ► 

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):
<b>Mahaavishwath</b>	<b>Gopalakrishnan</b>	<b>010-25-2648</b>	<b>Son</b>	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents
<b>Mahaashwath</b>	<b>Gopalakrishnan</b>	<b>624-37-5389</b>	<b>Son</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>Mahayeshwath</b>	<b>Gopalakrishnan</b>	<b>611-91-7325</b>	<b>Son</b>	<input type="checkbox"/> <input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	1 143,655.
	2a Tax-exempt interest . . . . .	2b Taxable interest . . . . .
	3a Qualified dividends . . . . .	3b Ordinary dividends . . . . .
	4a IRA distributions . . . . .	4b Taxable amount . . . . .
	5a Pensions and annuities . . . . .	5b Taxable amount . . . . .
	6a Social security benefits . . . . .	6b Taxable amount . . . . .
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. . . . .	► <input type="checkbox"/>
	8 Other income from Schedule 1, line 9 . . . . .	7
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	8 8,904.
	10 Adjustments to income:	
	a From Schedule 1, line 22. . . . .	10a 119.
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .	► <input type="checkbox"/>
	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .	10c 119.
	12 Standard deduction or itemized deductions (from Schedule A) . . . . .	11 152,522.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	12 24,800.
	14 Add lines 12 and 13 . . . . .	13 1,757.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	14 26,557.
		15 125,965.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

UYA

Form 1040 (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	<b>19,292.</b>	
17	Amount from Schedule 2, line 3 . . . . .	17		
18	Add lines 16 and 17. . . . .	18	<b>19,292.</b>	
19	Child tax credit or credit for other dependents . . . . .	19	<b>3,000.</b>	
20	Amount from Schedule 3, line 7 . . . . .	20		
21	Add lines 19 and 20 . . . . .	21	<b>3,000.</b>	
22	Subtract line 21 from line 18. If zero or less, enter -0- . . . . .	22	<b>16,292.</b>	
23	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	23	<b>238.</b>	
24	Add lines 22 and 23. This is your <b>total tax</b> . . . . . ►	24	<b>16,530.</b>	
25	Federal income tax withheld from:			
a	Form(s) W-2 . . . . .	25a	<b>16,114.</b>	
b	Form(s) 1099 . . . . .	25b		
c	Other forms (see instructions) . . . . .	25c		
d	Add lines 25a through 25c . . . . .	25d	<b>16,114.</b>	
26	2020 estimated tax payments and amount applied from 2019 return. . . . .	26		
27	Earned income credit (EIC) . . . . .	27		
28	Additional child tax credit. Attach Schedule 8812. . . . .	28		
29	American opportunity credit from Form 8863, line 8 . . . . .	29		
30	Recovery rebate credit. See instructions . . . . .	30		
31	Amount from Schedule 3, line 13 . . . . .	31		
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b> . . . . . ►	32	<b>0.</b>	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . . ►	33	<b>16,114.</b>	
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .	34	<b>0.</b>	
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here. . . . . ► <input type="checkbox"/>	35a	<b>0.</b>	
► b	Routing number <b>XXXXXX</b> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
► d	Account number <b>XXXXXX</b>			
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b> . . . . . ►	36		
<b>Refund</b>		37	<b>416.</b>	
Direct deposit?				
See instructions.				
<b>Amount You Owe</b>		37		
For details on how to pay, see instructions.				
38	Estimated tax penalty (see instructions) . . . . . ►	38		
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS?			
	See instructions . . . . .	<input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name ►	Phone no. ►	Personal identification number (PIN) ►	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation <b>Engineer</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ►
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation <b>Home Maker</b>	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ►
	Phone no. <b>(510) 579-0328</b>	Email address		
<b>Paid Preparer Use Only</b>	Preparer's name <b>Jino Joseph</b>	Preparer's signature <b>Jino Joseph</b>	Date 05/16/2021	PTIN <b>P00367081</b>
				Check if: <input type="checkbox"/> Self-employed
	Firm's name ► <b>Jino Joseph &amp; Associates Inc</b>			Phone no. <b>(408) 396-2787</b>
	Firm's address ► <b>35703 Gissing Pl, Fremont, CA, 94536</b>			Firm's EIN ► <b>45-0586621</b>

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.Form **1040** (2020)

UYA

**SCHEDULE 1**  
(Form 1040)Department of the Treasury  
Internal Revenue Service**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2020**Attachment  
Sequence No.  
**01**

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Gopalakrishnan Elumalai and Mahalakshmi Gopalak**Your social security number  
**619-11-4302****Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	1	
2a	Alimony received . . . . .	2a	
b	Date of original divorce or separation agreement (see instructions) ► _____		
3	Business income or (loss). Attach Schedule C . . . . .	3	<b>8 , 904 .</b>
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. List type and amount ► _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	9	<b>8 , 904 .</b>

**Part II Adjustments to Income**

10	Educator expenses . . . . .	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	11	
12	Health savings account deduction. Attach Form 8889 . . . . .	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	13	
14	Deductible part of self-employment tax. Attach Schedule SE . . . . .	14	<b>119 .</b>
15	Self-employed SEP, SIMPLE, and qualified plans . . . . .	15	
16	Self-employed health insurance deduction . . . . .	16	
17	Penalty on early withdrawal of savings . . . . .	17	
18a	Alimony paid . . . . .	18a	
b	Recipient's SSN . . . . .		
c	Date of original divorce or separation agreement (see instructions) ► _____		
19	IRA deduction . . . . .	19	
20	Student loan interest deduction . . . . .	20	
21	Tuition and fees deduction. Attach Form 8917 . . . . .	21	
22	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a. . . . .	22	<b>119 .</b>

For Paperwork Reduction Act Notice, see your tax return instructions.

UYA

Schedule 1 (Form 1040) 2020

**SCHEDULE 2**  
(Form 1040)Department of the Treasury  
Internal Revenue Service**Additional Taxes**

OMB No. 1545-0074

**2020**Attachment  
Sequence No.  
**02**

► Attach to Form 1040, 1040-SR, or 1040-NR.

► Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

**Gopalakrishnan Elumalai and Mahalakshmi Gopalak**Your social security number  
**619-11-4302****Part I Tax**

1 Alternative minimum tax. Attach Form 6251 . . . . .	1	
2 Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	2	
3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . . . .	3	0 .

**Part II Other Taxes**

4 Self-employment tax. Attach Schedule SE . . . . .	4	238 .
5 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137      b <input type="checkbox"/> 8919	5	
6 Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	6	
7a Household employment taxes. Attach Schedule H . . . . .	7a	
b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	7b	
8 Taxes from: a <input type="checkbox"/> Form 8959      b <input type="checkbox"/> Form 8960	8	
c <input type="checkbox"/> Instructions; enter code(s) _____		
9 Section 965 net tax liability installment from Form 965-A . . . . .	9	
10 Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	10	238 .

For Paperwork Reduction Act Notice, see your tax return instructions.

UYA

Schedule 2 (Form 1040) 2020

**SCHEDULE B**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service (99)

# Interest and Ordinary Dividends

► Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
► Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **08**

Name(s) shown on return

**Gopalakrishnan Elumalai and Mahalakshmi Gopalakrishnan**

Your social security number  
**619-11-4302**

**Part I**  
**Interest**

(See instructions  
and the  
instructions for  
Forms 1040 and  
1040-SR, line 2b.)

**Note:** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►  
**DCU**
- 2 Add the amounts on line 1. . . . .
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . .
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b. . . . . ►

**Note:** If line 4 is over \$1,500, you must complete Part III.

**Part II**  
**Ordinary  
Dividends**

(See instructions  
and the  
instructions for  
Forms 1040 and  
1040-SR, line 3b.)

**Note:** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 5 List name of payer ►
- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b. . . . . ►

**Note:** If line 6 is over \$1,500, you must complete Part III.

**Part III**

**Foreign  
Accounts  
and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.

- You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.
- 7a At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .  
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements . . . . .
  - b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
  - 8 During 2020, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions . . . . .

Yes	No
	X

**SCHEDULE C**  
(Form 1040)

**Profit or Loss From Business**  
(Sole Proprietorship)

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

Name of proprietor

**Gopalakrishnan Elumalai**

Social security number (SSN)

**619-11-4302**

A Principal business or profession, including product or service (see instructions)

**Consulting**

B Enter code from instructions

**► 541990**

C Business name. If no separate business name, leave blank.

**Mathii Solutions LLC**

D Employer ID number (EIN) (see instr.)

**84-2653575**

E Business address (including suite or room no.) ► **34191 Whitehead Ln**

City, town or post office, state, and ZIP code **Fremont, CA 94555**

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ► \_\_\_\_\_

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . . . . .  Yes  No

H If you started or acquired this business during 2020, check here . . . . . ►

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . .  Yes  No

J If "Yes," did you or will you file required Form(s) 1099? . . . . .  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	► <input type="checkbox"/>	1	<b>36,855.</b>
2	Returns and allowances . . . . .		2	
3	Subtract line 2 from line 1 . . . . .		3	<b>36,855.</b>
4	Cost of goods sold (from line 42) . . . . .		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		5	<b>36,855.</b>
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		6	
7	<b>Gross income.</b> Add lines 5 and 6 . . . . .	► <input type="checkbox"/>	7	<b>36,855.</b>

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising . . . . .	8	<b>181.</b>	18	
9	Car and truck expenses (see instructions) . . . . .	9	<b>5,867.</b>	19	
10	Commissions and fees . . . . .	10		20	Rent or lease (see instructions):
11	Contract labor (see instructions) . . . . .	11		20a	a Vehicles, machinery, and equipment . . . . .
12	Depletion . . . . .	12		20b	b Other business property . . . . .
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	13		21	Repairs and maintenance . . . . .
14	Employee benefit programs (other than on line 19) . . . . .	14		22	Supplies (not included in Part III) . . . . .
15	Insurance (other than health) . . . . .	15		23	Taxes and licenses . . . . .
16	Interest (see instructions):			24	Travel and meals:
a	Mortgage (paid to banks, etc.) . . . . .	16a		24a	a Travel . . . . .
b	Other . . . . .	16b		24b	b Deductible meals (see instructions) . . . . .
17	Legal and professional services . . . . .	17	<b>200.</b>	25	Utilities . . . . .
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			26	Wages (less employment credits) . . . . .
29	Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			27a	27a Other expenses (from line 48) . . . . .
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			27b	b Reserved for future use . . . . .

- Simplified method filers only:** Enter the total square footage of (a) your home: \_\_\_\_\_ and (b) the part of your home used for business: \_\_\_\_\_. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .
- 31 **Net profit or (loss).** Subtract line 30 from line 29.
- If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3**.
  - If a loss, you **must** go to line 32.
- 32 If you have a loss, check the box that describes your investment in this activity. See instructions.
- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3**.
  - If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

UYA

**Schedule C (Form 1040) 2020**

**Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation.			<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation		35	
36	Purchases less cost of items withdrawn for personal use.		36	
37	Cost of labor. Do not include any amounts paid to yourself		37	
38	Materials and supplies		38	
39	Other costs		39	
40	Add lines 35 through 39		40	
41	Inventory at end of year		41	
42	<b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4		42	0.

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	► <u>01/01/2019</u>
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:	
a	Business <u>3855</u>	b Commuting (see instructions) <u>0</u>
c	Other <u>0</u>	
45	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

<b>Business Expenses</b>	<b>1,300.</b>
<b>Postage</b>	<b>26.</b>
<b>Printing and Stationary</b>	<b>8.</b>
<b>Electronics</b>	<b>5,073.</b>
<b>Internet</b>	<b>1,110.</b>
<b>Telephone</b>	<b>549.</b>
<b>48 Total other expenses.</b> Enter here and on line 27a	<b>48</b> <b>8,066.</b>

**SCHEDULE SE  
(Form 1040)**Department of the Treasury  
Internal Revenue Service (99)**Self-Employment Tax**

OMB No. 1545-0074

**2020**Attachment  
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person  
with self-employment income ► **619-11-4302****Gopalakrishnan Elumalai****Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I. . . . . ►

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. . . . .	<b>1a</b>
<b>b</b> If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b> ( )
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.	
<b>2</b> Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . .	<b>2</b> <b>8,904.</b>
<b>3</b> Combine lines 1a, 1b, and 2 . . . . .	<b>3</b> <b>8,904.</b>
<b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . .	<b>4a</b> <b>8,223.</b>
<b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>
<b>c</b> Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax.	<b>4c</b> <b>8,223.</b>
<b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue . . . . .	
<b>5a</b> Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income . . . . .	<b>5a</b>
<b>b</b> Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . .	<b>5b</b> <b>0.</b>
<b>6</b> Add lines 4c and 5b . . . . .	<b>6</b> <b>8,223.</b>
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 . . . . .	<b>7</b> <b>137,700</b>
<b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . .	<b>8a</b> <b>137,700.</b>
<b>b</b> Unreported tips subject to social security tax from Form 4137, line 10. . . . .	<b>8b</b>
<b>c</b> Wages subject to social security tax from Form 8919, line 10 . . . . .	<b>8c</b>
<b>d</b> Add lines 8a, 8b, and 8c. . . . .	<b>8d</b>
<b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ►	<b>9</b> <b>0.</b>
<b>10</b> Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124) . . . . .	<b>10</b>
<b>11</b> Multiply line 6 by 2.9% (0.029) . . . . .	<b>11</b> <b>238.</b>
<b>12</b> <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040), line 4</b> . . . . .	<b>12</b> <b>238.</b>
<b>13</b> <b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter here and on <b>Schedule 1 (Form 1040), line 14</b> . . . . .	<b>13</b> <b>119.</b>

**Part II Optional Methods To Figure Net Earnings (see instructions)**

**Farm Optional Method.** You may use this method **only** if (a) your gross farm income<sup>1</sup> wasn't more than \$8,460, **or** (b) your net farm profits<sup>2</sup> were less than \$6,107.

<b>14</b> Maximum income for optional methods . . . . .	<b>14</b> <b>5,640</b>
<b>15</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) <b>or</b> \$5,640. Also, include this amount on line 4b above. . . . .	<b>15</b>

**Nonfarm Optional Method.** You may use this method **only** if (a) your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income<sup>4</sup> **and** (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

<b>16</b> Subtract line 15 from line 14. . . . .	<b>16</b>
<b>17</b> Enter the <b>smaller</b> of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) <b>or</b> the amount on line 16. Also, include this amount on line 4b above . . . . .	<b>17</b>

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Qualified Business Income Deduction  
Simplified Computation

2020

► Attach to your tax return.

► Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

Gopalakrishnan Elumalai and Mahalakshmi Gopalakrishnan**619-11-4302**

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	<b>Mathii Solutions LLC</b>	<b>84-2653575</b>	<b>8,785.</b>
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	<b>2</b> <b>8,785.</b>	
3	Qualified business net (loss) carryforward from the prior year . . . . .	<b>3</b> ( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .	<b>4</b> <b>8,785.</b>	
5	Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .		<b>5</b> <b>1,757.</b>
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	<b>6</b>	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .	<b>7</b> ( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	<b>8</b>	
9	REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .		<b>9</b>
10	Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .		<b>10</b> <b>1,757.</b>
11	Taxable income before qualified business income deduction . . . . .	<b>11</b> <b>127,722.</b>	
12	Net capital gain (see instructions) . . . . .	<b>12</b>	
13	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b> <b>127,722.</b>	
14	Income limitation. Multiply line 13 by 20% (0.20) . . . . .		<b>14</b> <b>25,544.</b>
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return . . . . .		<b>15</b> <b>1,757.</b>
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .		<b>16</b> ( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .		<b>17</b> ( )

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

UYA

Form 8995 (2020)

**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

- To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
 ► Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

OMB No. 1545-0074

**2020**Attachment  
Sequence No. 70

Taxpayer name(s) shown on return

**Gopalakrishnan Elumalai and Mahalakshmi Gopalakrishnan**

Enter preparer's name and PTIN

**Jino Joseph P00367081**Taxpayer identification number  
**619-11-4302****Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply).

 EIC    CTC/ACTC/ODC    AOTC    HOH

- 1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you? . . . . .
- 2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .
- 3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
  - Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
  - Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s) . . . . .
- 4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5).
  - a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . .
  - b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .
- 5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) . . . . .

List those documents provided by the taxpayer, if any, that you relied on:

---



---



---

- 6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .
- 7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)
  - a Did you complete the required recertification Form 8862? . . . . .
  - b If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)? . . . . .

For Paperwork Reduction Act Notice, see separate instructions.

UYA

Form 8867 (2020)

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9 a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? <b>If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; and
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  1. A copy of this Form 8867.
  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or, HOH filing status and to figure the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Form 8829

**Expenses for Business Use of Your Home**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)

- File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
- Go to [www.irs.gov/Form8829](http://www.irs.gov/Form8829) for instructions and the latest information.

**2020**Attachment  
Sequence No. 176

Name(s) of proprietor(s)

**Gopalakrishnan Elumalai**Your social security number  
**619-11-4302****Part I Part of Your Home Used for Business**

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) . . . . .	125
2	Total area of home . . . . .	1700
3	Divide line 1 by line 2. Enter the result as a percentage . . . . .	07.35%
<b>For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.</b>		
4	Multiply days used for daycare during year by hours used per day . . . . .	4 0 hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,784 . . . . .	5 8784 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount . . . . .	6
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3 . . . . . ►	7 07.35%

**Part II Figure Your Allowable Deduction**

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions.	8 13,290.
<b>See instructions for columns (a) and (b) before completing lines 9-22.</b>		
9	(a) Direct expenses	(b) Indirect expenses
10		
11		
12		
13	Multiply line 12, column (b), by line 7 . . . . .	13
14	Add line 12, column (a), and line 13 . . . . .	14
15	Subtract line 14 from line 8. If zero or less, enter -0- . . . . .	15 13,290.
16		
17		
18		
19	Rent . . . . .	39,000.
20	Repairs and maintenance . . . . .	1,327.
21	Utilities . . . . .	5,070.
22	Other expenses (see instructions) . . . . .	45,397.
23	Add lines 16 through 22 . . . . .	23
24	Multiply line 23, column (b), by line 7 . . . . .	24 3,337.
25	Carryover of prior year operating expenses (see instructions) . . . . .	25 1,049.
26	Add line 23, column (a), line 24, and line 25 . . . . .	26 4,386.
27	Allowable operating expenses. Enter the smaller of line 15 or line 26 . . . . .	27 4,386.
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15 . . . . .	28 8,904.
29	Excess casualty losses (see instructions) . . . . .	29
30	Depreciation of your home from line 42 below . . . . .	30
31	Carryover of prior year excess casualty losses and depreciation (see instructions) . . . . .	31
32	Add lines 29 through 31 . . . . .	32
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32 . . . . .	33
34	Add lines 14, 27, and 33 . . . . .	34 4,386.
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684. See instructions.	35
36	<b>Allowable expenses for business use of your home.</b> Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions. ►	36 4,386.

**Part III Depreciation of Your Home**

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions . . . . .	37
38	Value of land included on line 37 . . . . .	38
39	Basis of building. Subtract line 38 from line 37 . . . . .	39
40	Business basis of building. Multiply line 39 by line 7 . . . . .	40
41	Depreciation percentage (see instructions) . . . . .	41 %
42	Depreciation allowable (see instr.). Multiply line 40 by line 41. Enter here and on line 30 above . . . . .	42 0.

**Part IV Carryover of Unallowed Expenses to 2021**

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0- . . . . .	43 0.
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0- . . . . .	44 0.

**2020 California Resident Income Tax Return****540**

ATTACH FEDERAL RETURN

619-11-4302 ELUM 291-73-8981  
 GOPALAKRISH ELUMALAI  
 MAHALAKSHMI GOPALAKRISHNAN

20 PBA 541990

34191 WHITEHEAD LN  
 FREMONT CA 94536

08-15-1966 06-16-1973

Principal Residence	Enter your county at time of filing (see instructions)	
	<input type="text"/>	
	If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . <input checked="" type="radio"/> <input type="checkbox"/>	
	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.
	<input type="text"/>	<input type="text"/>
	City	State ZIP code
	<input type="text"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="text"/>
If your California filing status is different from your federal filing status, check the box here. . . . . <input type="checkbox"/>		
Filing Status	1 <input type="checkbox"/> Single	4 <input type="checkbox"/> Head of household (with qualifying person). See instructions.
	2 <input checked="" type="checkbox"/> Married/RDP filing jointly. See inst.	5 <input type="checkbox"/> Qualifying widow(er). Enter year spouse/RDP died. <input type="text"/>
	See instructions. <input type="text"/>	
	3 <input type="checkbox"/> Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here <input type="text"/>	
	6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. . . . . <input checked="" type="radio"/> 6 <input type="checkbox"/>	

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.	
	<b>Whole dollars only</b>	
7	<b>Personal:</b> 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. . . . .	
	<input checked="" type="radio"/> 7 <input type="text"/> X \$124 =	<input checked="" type="radio"/> \$ <input type="text"/> 248
8	<b>Blind:</b> If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . .	
	<input checked="" type="radio"/> 8 <input type="text"/> X \$124 =	<input checked="" type="radio"/> \$ <input type="text"/>
9	<b>Senior:</b> If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .	
	<input checked="" type="radio"/> 9 <input type="text"/> X \$124 =	<input checked="" type="radio"/> \$ <input type="text"/>

Your name: ELUMALAI

Your SSN or ITIN: 619-11-4302

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

	<b>Dependent 1</b>	<b>Dependent 2</b>	<b>Dependent 3</b>
First Name	● MAHAAVISHWA	● MAHAASHWATH	● MAHAYESHWAT
Last Name	● GOPALAKRISHNAN	● GOPALAKRISHNAN	● GOPALAKRISHNAN
SSN. See instructions.	● 010252648	● 624375389	● 611917325
Dependent's relationship to you	● SON	● SON	● SON

Total dependent exemptions . . . . . ● 10 [3] X \$383 = ● \$ [1,149]

**11 Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . ● 11 \$ [1,397]**Taxable Income****12 State wages from your federal**

Form(s) W-2, box 16 . . . . . ● 12 [143,655] .00

**13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . ● 13 [152,522] .00****14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. . . . . ● 14 [ ] .00****15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 [152,522] .00****16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. . . . . ● 16 [ ] .00****17 California adjusted gross income. Combine line 15 and line 16. . . . . ● 17 [152,522] .00**

**18 Enter the larger of:** Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**  
 Your California **standard deduction** shown below for your filing status:  
 • Single or Married/RDP filing separately . . . . . \$4,601  
 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . . . \$9,202  
 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions ● 18 [9,202] .00

**19 Subtract line 18 from line 17. This is your **taxable income**.**  
 If less than zero, enter -0- . . . . . ● 19 [143,320] .00**Tax** Tax Table Tax Rate Schedule**31 Tax. Check the box if from:**●  FTB 3800 ●  FTB 3803 . . . . . ● 31 [7,586] .00**32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions . . . . . ● 32 [1,397] .00****33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ● 33 [6,189] .00****34 Tax. See instructions. Check the box if from: ●  Schedule G-1 ●  FTB 5870A . . . . . ● 34 [ ] .00****35 Add line 33 and line 34 . . . . . ● 35 [6,189] .00****Special Credits****40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● 40 [ ] .00****43 Enter credit name [ ] code ● [ ] and amount . . . . . ● 43 [ ] .00****44 Enter credit name [ ] code ● [ ] and amount . . . . . ● 44 [ ] .00**

Your name: **ELUMALAI** Your SSN or ITIN: **619-11-4302**

<b>Special Credits</b>	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	[ ] 0 .00
	48 Subtract line 47 from line 35. If less than zero, enter -0- . . . . .	● 48	[ ] 6,189 .00

<b>Other Taxes</b>	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	[ ] 6,189 .00

<b>Payments</b>	71 California income tax withheld. See instructions . . . . .	● 71	[ ] 10,934 .00
	72 2020 CA estimated tax and other payments. See instructions . . . . .	● 72	[ ] .00
	73 Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73	[ ] .00
	74 Excess SDI (or VPDI) withheld. See instructions . . . . .	● 74	[ ] .00
	75 Earned Income Tax Credit (EITC) . . . . .	● 75	[ ] .00
	76 Young Child Tax Credit (YCTC). See instructions . . . . .	● 76	[ ] .00
	77 Net Premium Assistance Subsidy (PAS). See instructions . . . . .	● 77	[ ] .00
	78 Add line 71 through line 77. These are your total payments. See instructions . . . . .	● 78	[ ] 10,934 .00

<b>Use Tax</b>	91 <b>Use Tax.</b> Do not leave blank. See instructions . . . . .	● 91	[ ] 0 .00
	If line 91 is zero, check if:	<input checked="" type="checkbox"/> No use tax is owed.	<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.

<b>IRS Penalty</b>	92 Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	● 92	[ ] 0 .00
	<input checked="" type="checkbox"/> Full-year health care coverage.		

<b>Overpaid Tax/Tax Due</b>	93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. . . . .	● 93	[ ] 10,934 .00
	94 <b>Use Tax balance.</b> 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	[ ] 10,934 .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: **ELUMALAI**Your SSN or ITIN: **619-11-4302****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	4,745	.00
98	Amount of line 97 you want applied to your <b>2021</b> estimated tax . . . . .	<input type="radio"/> 98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97 . . . . .	<input type="radio"/> 99	4,745	.00
100	Tax due. If line 95 is less than line 65, subtract line 95 from line 65 . . . . .	<input checked="" type="radio"/> 100		.00

**Contributions**

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

Your name: **ELUMALAI** Your SSN or ITIN: **619-11-4302**

**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** **0 .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** **4,745 .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:

**● Type**  
**● Routing number** **211391825** **X Checking** **● Account number** **11590973** **● 116 Direct deposit amount** **4,745 .00**  
 **Savings**

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

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

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

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to **ftb.ca.gov/forms** and search for **1131**. To request this notice by mail, call 800.852.5711.

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

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

**○ Your email address. Enter only one email address.** **○ Preferred phone number**  
 **510-579-0328**

## 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**)  
**JINO JOSEPH**

Firm's name (or yours, if self-employed) **● PTIN**  
**JINO JOSEPH & ASSOCIATES INC** **P00367081**

Firm's address **● Firm's FEIN**  
**35703 GISSING PL FREMONT, CA 94536** **450586621**

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**

2020

## Wage and Tax Statement

W-2

**Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.**

**Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

**W-2 Information**

a. Employee's social security number\*

 619114302

c. Employer's name

 CALIFORNIA PHYSICIANS SERVICE

b. Employer identification number (EIN)

 940360524

Employer's address

 50 BEALE ST

City

 SAN FRANCISCO

State

 CA

ZIP code

 94105

e. Employee's first name\*

 GOPALAKRISH

Initial\*

Last name\*

 ELUMALAI

Suffix\*

f. Employee's address\*

 34191 WHITEHEAD LN

City\*

 FREMONT

State\*

 CA

ZIP code\*

 94536

1. Wages, tips, other compensation

1.  143,655

4. Social security tax withheld

4.  8,537

8. Allocated tips (not included in box 1)

8. 

2. Federal income tax withheld

2.  16,114

6. Medicare tax withheld

6.  2,264

10. Dependent care benefits

10. 

3. Social security wages

3.  137,700

7. Social security tips

7. 

11. Nonqualified plans

11. 

12. Codes and amounts

Code

 C

Amount

 445

Code

 D

Amount

 12,453

12a. Code

 DD

Amount

 12,267

Code

Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

 Statutory employee X Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type

 CA SDI

Amount

 1,229

16. State wages, tips, etc.

 143,655

15. State and employer's state ID number

State

 CA

Employer's state ID number

 022-2042-4

17. State income tax

 10,934

201921910450 MATH 84-2653575 20  
 TYB 01-01-2020 TYE 12-31-2020  
 MATHII SOLUTIONS LLC

34191 WHITEHEAD LN  
 FREMONT CA 94555

ACCTMETHOD 1 08-03-2019 ASSETS  
 INITIAL FINAL AMENDED PROTECTIVE

- I **(1)** During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the LLC holds a controlling or majority interest that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? . . . . . •  Yes  No
- (2)** During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? . . . . . •  Yes  No
- (3)** During this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? . . . . . •  Yes  No  
*(Yes requires filing of statement, penalties may apply—see instructions.)*

	Whole dollars only	
	Line	Amount
Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.		
1 Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	36,855
2 Limited Liability Company fee. See instructions	2	
3 2020 annual Limited Liability Company tax. See instructions	3	800
4 Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	4	
5 Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	5	
6 <b>Total tax and fee.</b> Add line 2, line 3, line 4, and line 5	6	800
7 Amount paid with form FTB 3537 and 2020 form FTB 3522 and form FTB 3536	7	800
8 Overpayment from prior year allowed as a credit	8	
9 Withholding (Form 592-B and/or 593)	9	
10 <b>Total payments.</b> Add line 7, line 8, and line 9	10	800
11 <b>Use tax. This is not a total line.</b> See instructions	11	
12 Payments balance. If line 10 is more than line 11, subtract line 11 from line 10	12	800
13 <b>Use tax balance.</b> If line 11 is more than line 10, subtract line 10 from line 11	13	

Enclose, but do not staple,  
any payment.

	<b>Whole dollars only</b>
14 Tax and fee due. If line 6 is more than line 12, subtract line 12 from line 6 . . . . .	● 14 _____
15 Overpayment. If line 12 is more than line 6, subtract line 6 from line 12. . . . .	● 15 _____
16 Amount of line 15 to be credited to 2021 tax or fee . . . . .	● 16 _____
17 Refund. If the total of line 16 is less than line 15, subtract the total from line 15 . . . . .	● 17 _____
18 Penalties and interest. See instructions . . . . .	● 18 _____
19 Total amount due. Add line 13, line 14, line 16, and line 18, then subtract line 15 from the result	● 19 _____

J Principal business activity code (Do not leave blank). . . . . ● 541600  
 Business activity      CONSULTING      Product or service      CONSULTING

- K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members . . . . . ● 1 \_\_\_\_\_
- L Is this LLC an investment partnership? See General Information O . . . . . ●  Yes  No
- M (1) Is this LLC apportioning or allocating income to California using Schedule R? . . . . . ●  Yes  No
- (2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? . . . . . ●  Yes  No
- N Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? . . . . . ●  Yes  No
- P (1) Does the LLC have any foreign (non-U.S.) nonresident members? . . . . . ●  Yes  No
- (2) Does the LLC have any domestic (non-foreign) nonresident members? . . . . . ●  Yes  No
- (3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? . . . . . ●  Yes  No
- Q Are any members in this LLC also LLCs or partnerships? . . . . . ●  Yes  No
- R Is this LLC under audit by the IRS or has it been audited in a prior year? . . . . . ●  Yes  No
- S Is this LLC a member or partner in another multiple member LLC or partnership? . . . . . ●  Yes  No  
 If "Yes," complete Schedule EO, Part I.
- T Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? . . . . .  Yes  No
- U (1) Is this LLC a business entity disregarded for tax purposes? . . . . . ●  Yes  No  
 (2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? . . . . . ●  Yes  No  
 (3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources? . . . . .  Yes  No
- V Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction . . . . . ●  Yes  No
- W Did this LLC file the Federal Schedule M-3 (federal Form 1065)? . . . . . ●  Yes  No
- X Is this LLC a direct owner of an entity that filed a federal Schedule M-3? . . . . . ●  Yes  No
- Y Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? . . . . . If "Yes," attach schedule of trusts and federal identification numbers. ●  Yes  No
- Z Does this LLC own an interest in a business entity disregarded for tax purposes? . . . . . If "Yes," complete Schedule EO, Part II. ●  Yes  No

(continued on Side 3)

(continued from Side 2)

- AA** Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? . . . ●  Yes  No
- BB** Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? . . . . . ●  Yes  No
- CC** (1) Is the LLC deferring any income from the disposition of assets? (see instructions) . . . . . ●  Yes  No  
(2) If "Yes," enter the year of asset disposition. . . . . ●
- DD** Is the LLC reporting previously deferred Income from:  
(see instructions). . . . . ●  Installment Sale ●  IRC §1031 ●  IRC §1033 ●  Other
- EE** "Doing business as" name. See instructions: . . . . . ● \_\_\_\_\_
- FF** (1) Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? . . . . . ●  Yes  No  
(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): \_\_\_\_\_
- GG** (1) Has this LLC previously operated outside California? . . . . . ●  Yes  No  
(2) Is this the first year of doing business in California? . . . . . ●  Yes  No

**Single Member LLC Information and Consent —** Complete only if the LLC is disregarded.

● Federal TIN/SSN

619-11-4302

Sole Owner's name (as shown on owner's return)

FEIN/CA Corp no./CA SOS File no.

GOPALAKRISHNAN ELUMALAI

Street Address, City, State, and ZIP Code 34191 WHITEHEAD LN, FREMONT, CA 94536

● What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:

(1) Individual

(2) C Corporation

(3) Pass-Through (S corporation, partnership, LLC classified as a partnership)

(4) Estate/Trust

(5) Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ►

Date

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to [fb.ca.gov/forms](http://fb.ca.gov/forms) and search for 1131. To request this notice by mail, call 800.852.5711.

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

<b>Sign Here</b>	Signature of authorized member or manager ►			Date	Telephone
					● (510) 579-0328
<b>Paid Preparer's Use Only</b>	Paid preparer's signature ►	Date	Check if self-employed <input type="checkbox"/>	PTIN ● P00367081	
	Firm's name (or yours, if self-employed) and address 35703 GISSING PL FREMONT, CA 94536			Firm's FEIN ● 45-0586621	
May the FTB discuss this return with the preparer shown above (see instructions)? . . . . .					Telephone ● (408) 396-2787 ● <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities.

**Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

- 1 a Total California income from Form 568, Schedule B, line 3. See instructions. . . . .  1a \_\_\_\_\_ 36,855
- b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4. . . . .  1b \_\_\_\_\_
- 2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16  2a \_\_\_\_\_
- b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a . . . . .  2b \_\_\_\_\_
- 3 a LLC's distributive share of ordinary income from pass-through entities . . . . .  3a \_\_\_\_\_
- b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a). . . . .  3b \_\_\_\_\_
- c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) . . . . .  3c \_\_\_\_\_
- 4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts. . . . .  4 \_\_\_\_\_
- 5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 . . . . .  5 \_\_\_\_\_
- 6 Enter the total gains (not losses) from Form 568, Schedule B, line 8. . . . .  6 \_\_\_\_\_
- 7 **Add line 1a through line 6** . . . . .  7 \_\_\_\_\_ 36,855
- 8 **California rental real estate**
- a Enter the total gross rents from federal Form 8825, line 18a . . . . .  8a \_\_\_\_\_
- b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 . . . . .  8b \_\_\_\_\_
- c Add line 8a and line 8b. . . . .  8c \_\_\_\_\_
- 9 **Other California rentals.**
- a Enter the amount from Schedule K (568), line 3a . . . . .  9a \_\_\_\_\_
- b Enter the amount from all Schedule K-1s (565), Table 3, line 3 . . . . .  9b \_\_\_\_\_
- c Add lines 9a and 9b . . . . .  9c \_\_\_\_\_
- 10 **California interest.** Enter the amount from Form 568, Schedule K, line 5 . . . . .  10 \_\_\_\_\_
- 11 **California dividends.** Enter the amount from Form 568, Schedule K, line 6 . . . . .  11 \_\_\_\_\_
- 12 **California royalties.** Enter the amount from Form 568, Schedule K, line 7 . . . . .  12 \_\_\_\_\_
- 13 **California capital gains.** Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 . . . . .  13 \_\_\_\_\_
- 14 **California 1231 gains.** Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a . . . . .  14 \_\_\_\_\_
- 15 **Other California portfolio income (not loss).** Enter the amount from Form 568, Schedule K, line 11a. . . . .  15 \_\_\_\_\_
- 16 **Other California income (not loss) not included in line 5.** Enter the amount from Form 568, Schedule K, line 11b . . . . .  16 \_\_\_\_\_
- 17 **Total California income.** Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number.  
Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- . . . . .  17 \_\_\_\_\_ 36,855

# Voucher at bottom of page. ■

IF AMOUNT OF PAYMENT IS ZERO, DO NOT MAIL THIS VOUCHER.

**WHERE TO FILE:** Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the California SOS file number, FEIN, and "2021 FTB 3522" on the check or money order. Detach the payment voucher from the bottom of the page. Enclose, but **do not** staple, your payment with the voucher and mail to:

**FRANCHISE TAX BOARD  
PO BOX 942857  
SACRAMENTO CA 94257- 0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

**WHEN TO FILE:** **Fiscal Year – File and Pay by the 15th day of the 4th month after the beginning of the taxable year.**  
**Calendar Year - File and Pay by April 15, 2021.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

**ONLINE SERVICES:** Make a payment online using Web Pay for Businesses. LLCs can make an immediate payment or schedule payments up to a year in advance. For more information, go to [ftb.ca.gov/pay](http://ftb.ca.gov/pay).

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER — — — — — DETACH HERE — — —

TAXABLE YEAR

CALIFORNIA FORM

**2021 LLC Tax Voucher**

**3522**

201921910450 MATH 84-2653575  
TYB 01-01-2021 TYE 12-31-2021  
MATHII SOLUTIONS LLC

21 FORM 0

34191 WHITEHEAD LN  
FREMONT CA 94555

Amount of Payment 800.

031

6111216

FTB 3522 2020