

Electronic Filing Instructions for your 2020 Federal Tax Return

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



Ezra Daniels
624 Liberty Avenue
Irvine, CA 92664

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$564.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2021. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2020 Federal Tax Return Summary	Adjusted Gross Income	\$	9,440.00
	Taxable Income	\$	0.00
	Total Tax	\$	0.00
	Total Payments/Credits	\$	564.00
	Amount to be Refunded	\$	564.00
	Effective Tax Rate		0.00%



Hi Ezra,

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

With IRS Free File Program delivered by TurboTax:

- Your filed return has 100% guaranteed accurate calculations*
- You received a printed copy of your return with supporting documents for your records

Many happy returns from TurboTax.

Filing Status [X] 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: Ezra
Last name: Daniels
Your social security number: 024-32-2020
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.
624 Liberty Avenue
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
Irvine
State: CA
ZIP code: 92664
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 [X] No

Standard Deduction
Someone can claim: [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main income tax table with columns for line numbers and amounts. Includes sub-columns for 2a, 3a, 4a, 5a, 6a, 10a, 10b, 10c, 11, 12, 13, 14, 15. Total income is 9,440. Adjusted gross income is 9,440. Standard deduction is 9,790. Taxable income is 0.

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

Electronic Filing Instructions for your 2020 California Tax Return

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



Ezra Daniels
624 Liberty Avenue
Irvine, CA 92664

Balance Due/Refund	Your California state tax return (Form 540) shows a refund due to you in the amount of \$549.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.															
Where's My Refund?	Before you call the Franchise Tax Board with questions about your refund, give them six weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the Franchise Tax Board directly at 1-800-338-0505. From outside of California use 1-916-845-6500. You can also visit the Franchise Tax Board web site at http://www.ftb.ca.gov/online/refund/ .															
What You Need to Sign	Sign and date Form 8453-OL within 1 day of acceptance.															
Do Not Mail	Do not mail a paper copy of your tax return. Since you filed electronically, the Franchise Tax Board already has your return.															
What You Need to Keep	Your Electronic Filing Instructions (this form) - Form 8453-OL and attachment(s) Printed copy of your state and federal returns															
2020 California Tax Return Summary	<table><tr><td>Taxable Income</td><td>\$</td><td>4,839.00</td></tr><tr><td>Total Tax</td><td>\$</td><td>48.00</td></tr><tr><td>Total Payments/Credits</td><td>\$</td><td>597.00</td></tr><tr><td>Amount to be Refunded</td><td>\$</td><td>549.00</td></tr><tr><td>Effective Tax Rate</td><td></td><td>0.51%</td></tr></table>	Taxable Income	\$	4,839.00	Total Tax	\$	48.00	Total Payments/Credits	\$	597.00	Amount to be Refunded	\$	549.00	Effective Tax Rate		0.51%
Taxable Income	\$	4,839.00														
Total Tax	\$	48.00														
Total Payments/Credits	\$	597.00														
Amount to be Refunded	\$	549.00														
Effective Tax Rate		0.51%														

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

Your first name and initial Last name Suffix Your SSN or ITIN
EZRA DANIELS 024-32-2020
If filing jointly, spouse's/RDP's first name Last name Suffix Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box Apt. no./ste. no. PMB/private mailbox Daytime telephone number
624 LIBERTY AVENUE
City State ZIP code
IRVINE CA 92664
Foreign country name Foreign province/state/county Foreign postal code

Part I Tax Return Information (whole dollars only)

Table with 2 columns: Description and Amount.
1 California adjusted gross income. See instructions 9,440.
2 Refund or no amount due. See instructions 549.
3 Amount you owe. See instructions

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

4 Direct deposit of refund
5 Electronic funds withdrawal 5a Amount 5b Withdrawal date (mm/dd/yyyy)

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

Table with 5 columns: Description, First Payment Due 4/15/2021, Second Payment Due 6/15/2021, Third Payment Due 9/15/2021, Fourth Payment Due 1/15/2022.
6 Amount
7 Withdrawal date

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

8 Amount of refund to be directly deposited to account below
9 Routing number
10 Account number
11 Type of account: Checking Savings
12 The remaining amount of my refund for direct deposit
13 Routing number
14 Account number
15 Type of account: Checking Savings

Part V Declaration of Taxpayer(s)

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

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

Sign Here

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

2020 California Resident Income Tax Return

540

APE

DO NOT ATTACH FEDERAL RETURN

024-32-2020 DANI
EZRA DANIELS

20

624 LIBERTY AVENUE
IRVINE CA 92664

12-21-2002

Principal Residence

Enter your county at time of filing (see instructions)

ORANGE

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

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

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

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.

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 0 X \$124 = \$

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

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

Your name: DANIELS Your SSN or ITIN: 024-32-2020

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

	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 \$383 = ● \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$ 0

12	State wages from your federal Form(s) W-2, box 16 ● 12	<input type="text"/> 9440	<input type="text"/> .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text"/> 9440	<input type="text"/> .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14	<input type="text"/>	<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"/> 9440	<input type="text"/> .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16	<input type="text"/>	<input type="text"/> .00
17	California adjusted gross income. Combine line 15 and line 16 ● 17	<input type="text"/> 9440	<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. \$4,601 • 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	<input type="text"/> 4601	<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"/> 4839	<input type="text"/> .00

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 ● 31	<input type="text"/> 48	<input type="text"/> .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32	<input type="text"/> 0	<input type="text"/> .00
33	Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text"/> 48	<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"/> 48	<input type="text"/> .00

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: Your SSN or ITIN:

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text" value="00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text"/>	<input type="text" value="00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text"/>	<input type="text" value="00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="48"/>	<input type="text" value="00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value="00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value="00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value="00"/>
	64	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions.	<input type="radio"/>	64	<input type="text"/>	<input type="text" value="00"/>
	65	Add line 48, line 61, line 62, line 63, and line 64. This is your total tax	<input type="radio"/>	65	<input type="text" value="48"/>	<input type="text" value="00"/>

Payments	71	California income tax withheld. See instructions	<input type="radio"/>	71	<input type="text" value="597"/>	<input type="text" value="00"/>
	72	2020 CA estimated tax and other payments. See instructions	<input type="radio"/>	72	<input type="text"/>	<input type="text" value="00"/>
	73	Withholding (Form 592-B and/or 593). See instructions	<input type="radio"/>	73	<input type="text"/>	<input type="text" value="00"/>
	74	Excess SDI (or VPD) withheld. See instructions	<input type="radio"/>	74	<input type="text"/>	<input type="text" value="00"/>
	75	Earned Income Tax Credit (EITC)	<input type="radio"/>	75	<input type="text"/>	<input type="text" value="00"/>
	76	Young Child Tax Credit (YCTC). See instructions	<input type="radio"/>	76	<input type="text"/>	<input type="text" value="00"/>
	77	Net Premium Assistance Subsidy (PAS). See instructions	<input type="radio"/>	77	<input type="text"/>	<input type="text" value="00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	<input checked="" type="radio"/>	78	<input type="text" value="597"/>	<input type="text" value="00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions.	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value="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.					

ISR Penalty	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>	<input type="text" value="00"/>
	<input type="radio"/> Full-year health care coverage.					

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text" value="597"/>	<input type="text" value="00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text"/>	<input type="text" value="00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text" value="597"/>	<input type="text" value="00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value="00"/>

Your name: Your SSN or ITIN:

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="549"/> <input type="text" value=".00"/>
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98 <input type="text"/> <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="549"/> <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 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"/>
	110 Add code 400 through code 444. This is your total contribution	<input type="radio"/> 110	<input type="text"/> <input type="text" value=".00"/>

Your name: DANIELS Your SSN or ITIN: 024-32-2020

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. .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties .00 113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached .00 114 Total amount due. See instructions. Enclose, but do not staple, any payment .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. 549 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Type Checking Savings Account number 116 Direct deposit amount .00 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Type Checking Savings Account number 117 Direct deposit amount .00

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

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

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

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

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