

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KRANTHI KUMAR BOORGULA	Social security number 793-19-4236
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	65,796.
2 Total tax	2	7,533.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	10,786.
4 Amount you want refunded to you	4	3,253.
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN

9	4	2	3	6
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5	8	7	2	7	8	6	1	9	8	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial KRANTHI KUMAR	Last name BOORGULA	Your social security number 793-19-4236
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. 3762 NW UNRATH PL		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PORTLAND	State OR	
Foreign country name	Foreign province/state/county	
Apt. no.		ZIP code 97229
Foreign postal code		

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

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

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

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

	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	72,576.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	
	3a	Qualified dividends	3a		3b	
	4a	IRA distributions	4a		4b	
	5a	Pensions and annuities	5a		5b	
	6a	Social security benefits	6a		6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	-4,780.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	67,796.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:					
	a	From Schedule 1, line 22	10a	2,000.		
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	2,000.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	65,796.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
	13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13	
	14	Add lines 12 and 13			14	12,400.
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	53,396.

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	7,533.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,533.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,533.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,533.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,786.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,786.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	10,786.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,253.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,253.
b	Routing number 1 2 4 0 0 1 5 4 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 8 0 2 0 7 5 1 2 2		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/11/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number
793-19-4236

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,780.
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	-4,780.

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	
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	2,000.
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,000.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

KRANTHI KUMAR BOORGULA

793-19-4236

Part I **Income or Loss From Rental Real Estate and Royalties** Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

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

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

1a	Physical address of each property (street, city, state, ZIP code)				
A	MAHATMA NAGAR HANUMAKONDA WARANGAL IN 506169				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:		A	B	C
3	Rents received	3		450 .		
4	Royalties received	4				
Expenses:						
5	Advertising	5		80 .		
6	Auto and travel (see instructions)	6		270 .		
7	Cleaning and maintenance	7		80 .		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,800 .		
14	Repairs.	14				
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,230 .		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-4,780 .		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-4,780 .)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			450 .	
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e			5,230 .	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(4,780 .)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-4,780 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Tuition and Fees Deduction

▶ **Attach to Form 1040 or 1040-SR.**
▶ **Go to www.irs.gov/Form8917 for the latest information.**

Name(s) shown on return KRANTHI KUMAR BOORGULA	Your social security number 793-19-4236
--	---



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
 - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
 - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
 - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
 - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name Last name		
	KRANTHI KUMAR BOORGULA	793-19-4236	7,200.
2	Add the amounts on line 1, column (c), and enter the total		2 7,200.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	3 67,796.	
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 	4	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.		5 67,796.
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. } <input type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. }		6 2,000.

Also enter this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed.

2020 Form OR-40-N

Page 1 of 5, 150-101-048
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001011555

Office use only	

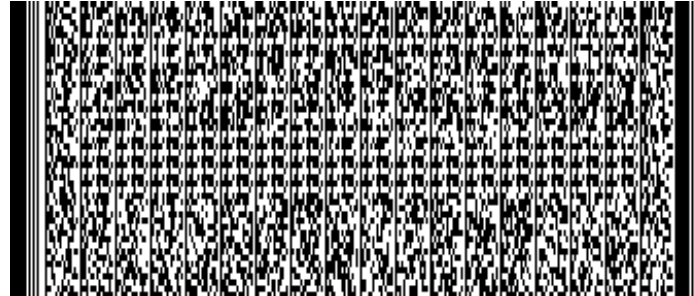
Oregon Individual Income Tax Return for Nonresidents

Submit original form—do not submit photocopy

Fiscal year ending:

Space for 2-D barcode—do not write in box below

- Amended return. If amending for an NOL, tax year the NOL was generated:
- Calculated using "as if" federal return.
- Short-year tax election. Federal disaster relief.
- Extension filed. Federal Form 8886.
- Form OR-24. Military. Employment exception.



First name KRANTHI KUMA	Initial	Last name BOORGULA	<input type="checkbox"/> Deceased	Social Security no. (SSN) 793-19-4236	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
-----------------------------------	---------	------------------------------	-----------------------------------	---	---	---

Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
---------------------	---------	--------------------	-----------------------------------	--------------	---	---

Current mailing address 3762 NW UNRATH PL			Date of birth (mm/dd/yyyy) 05/07/1994	Spouse's date of birth	
City PORTLAND	State OR	ZIP code 97229	Country USA	Phone (801) 647-7007	

Filing status (check only **one** box)

- Single.
- Married filing jointly.
- Married filing separately (enter spouse's information **above**).
- Head of household (with qualifying dependent).
- Qualifying widow(er) with dependent child.

Exemptions Total

6a. Credits for yourself: Regular Severely disabled 6a. 1

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b.

Check box if someone else can claim your spouse as a dependent.

Dependents. List your dependents in order from youngest to oldest. If more than four, check this box and include Schedule OR-ADD-DEP with your return.

First name	Last name	Code*	Dependent's SSN	Dependent's date of birth (mm/dd/yyyy)	Check if child with qualifying disability
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

*Dependent relationship code (see instructions).

6c. Total number of dependents 6c.
 6d. Total number of dependent children with a qualifying disability (see instructions) 6d.
 6e. Total exemptions. Add 6a through 6d **Total.** 6e.

2020 Form OR-40-N

Page 2 of 5, 150-101-048
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001021555

Name KRANTHI KUMAR BOORGULA	SSN 793-19-4236
---------------------------------------	---------------------------

Note: Reprint page 1 if you make changes to this page.

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2 7F.	72,576.00	7S. 16,128.00
8. Interest income from Form 1040 or 1040-SR, line 2b..... 8F.		8S.
9. Dividend income from Form 1040 or 1040-SR, line 3b..... 9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 1..... 10F.		10S.
11. Alimony received from federal Schedule 1, line 2a..... 11F.		11S.
12. Business income or loss from federal Schedule 1, line 3..... 12F.		12S.
13. Capital gain or loss from Form 1040 or 1040-SR, line 7..... 13F.		13S.
14. Other gains or losses from federal Schedule 1, line 4..... 14F.		14S.
15. IRA distributions from Form 1040 or 1040-SR, line 4b..... 15F.		15S.
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b..... 16F.		16S.
17. Schedule E income or loss from federal Schedule 1, line 5..... 17F.	-4,780.00	17S. 0.00
18. Farm income or loss from federal Schedule 1, line 6..... 18F.		18S.
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8..... 19F.		19S.
20. Total income. Add lines 7 through 19..... 20F.	67,796.00	20S. 16,128.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19..... 21F.		21S.
22. Education deductions from federal Schedule 1, lines 10, 20, and 21..... 22F.	2,000.00	22S. 0.00
23. Moving expenses from federal Schedule 1, line 13..... 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 14..... 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 16..... 25F.		25S.
26. Alimony paid from federal Schedule 1, line 18a..... 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1..... 27F.		27S.
28. Total adjustments. Add lines 21 through 27..... 28F.	2,000.00	28S.
29. Income after adjustments. Line 20 minus line 28..... 29F.	65,796.00	29S. 16,128.00

Additions

30. Total additions from Schedule OR-ASC-NP, section 2..... 30F.		30S.
31. Income after additions. Add lines 29 and 30..... 31F.	65,796.00	31S. 16,128.00

Subtractions

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F..... 32F.		32S.
33. Total subtractions from Schedule OR-ASC-NP, section 3..... 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33..... 34F.	65,796.00	34S. 16,128.00
35. Oregon percentage (see instructions; not more than 100.0%)..... 35.	24.5 %	

2020 Form OR-40-N

Page 3 of 5, 150-101-048
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001031555

Name KRANTHI KUMAR BOORGULA	SSN 793-19-4236
---------------------------------------	---------------------------

Note: Reprint page 1 if you make changes to this page.

Deductions and modifications

36. Amount from line 34S.....	36.	16,128.00
37. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	37.	0.00
38. Standard deduction. Enter your standard deduction (see instructions).....	38.	2,315.00
You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind		
39. Enter the larger of line 37 or 38.....	39.	2,315.00
40. 2020 federal tax liability. See instructions for the correct amount: \$0-\$6,950	40.	5,733.00
41. Total modifications from Schedule OR-ASC-NP, section 4.....	41.	0.00
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....	42.	1,972.00
43. Charitable art donation (see instructions).....	43.	
44. Total deductions and modifications. Add lines 42 and 43.....	44.	1,972.00
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0.....	45.	14,156.00

Oregon tax

46. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	46.	986.00
46a. <input type="checkbox"/> Schedule OR-FIA-40-N 46b. <input type="checkbox"/> Worksheet FCG 46c. <input type="checkbox"/> Schedule OR-PTE-NR		
47. Interest on certain installment sales.....	47.	
48. Total tax before credits. Add lines 46 and 47.....	48.	986.00

Standard and carryforward credits

49. Exemption credit (see instructions).....	49.	51.00
50. Total standard credits from Schedule OR-ASC-NP, section 5.....	50.	
51. Total standard credits. Add lines 49 and 50.....	51.	51.00
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0.....	52.	935.00
53. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 53 can't be more than line 52 (see Schedules OR-ASC and OR-ASC-NP Instructions).....	53.	
54. Tax after standard and carryforward credits. Line 52 minus line 53.....	54.	935.00

Payments and refundable credits

55. Oregon income tax withheld. Include a copy of Forms W-2 and 1099	55.	1,234.00
56. Amount applied from your prior year's tax refund.....	56.	
57. Estimated tax payments for 2020. Include all payments you made prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 56.....	57.	
58. Tax payments from a pass-through entity.....	58.	
59. Earned income credit (see instructions).....	59.	
60. Reserved		
61. Total refundable credits from Schedule OR-ASC-NP, section 7.....	61.	
62. Total payments and refundable credits. Add lines 55 through 61.....	62.	1,234.00

2020 Form OR-40-N

Page 4 of 5, 150-101-048
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001041555

Name KRANTHI KUMAR BOORGULA	SSN 793-19-4236
---------------------------------------	---------------------------

Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund

- 63. **Overpayment of tax.** If line 54 is **less** than line 62, you overpaid. Line 62 minus line 54..... 63. 299.00
 - 64. **Net tax.** If line 54 is **more** than line 62, you have tax to pay. Line 54 minus line 62..... 64.
 - 65. Penalty and interest for filing or paying late (see instructions)..... 65.
 - 66. Interest on underpayment of estimated tax. **Include Form OR-10**..... 66.
- Exception number from Form OR-10, line 1: 66a. Check box if you annualized: 66b.
- 67. Total penalty and interest due. Add lines 65 and 66 67.
 - 68. **Net tax including penalty and interest.** Line 64 plus line 67..... **This is the amount you owe.** 68.
 - 69. **Overpayment less penalty and interest.** Line 63 minus line 67 **This is your refund.** 69. 299.00
 - 70. Estimated tax. Fill in the portion of line 69 you want applied to your open estimated tax account..... 70.
 - 71. Charitable checkoff donations from Schedule OR-DONATE, line 30..... 71.
 - 72. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) 72.
 - 73. Total. Add lines 70 through 72. The total can't be more than your refund on line 69..... 73.
 - 74. **Net refund.** Line 69 minus line 73..... **This is your net refund.** 74. 299.00

Direct deposit

75. For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the United States:

Type of account: Checking or Savings

Routing number: 124001545

Account number: 802075122

Reserved

2020 Form OR-40-N

Page 5 of 5, 150-101-048
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001051555

Name	SSN
KRANTHI KUMAR BOORGULA	793-19-4236

Note: Reprint page 1 if you make changes to this page.

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature	Date		
X			
Spouse's signature (if filing jointly, both must sign)	Date		
X			
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared	
XSYAM PRIYA RAM SAG	(678) 965-9522		
Preparer address	City	State	ZIP code
2530 PEBBLE CREEK LN	CUMMING	GA	30041

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the *Tax Information Authorization and Power of Attorney for Representation* form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. **Without this information, we may adjust your return.**

Make your payment (if you have an amount due on line 68)

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2020 Oregon Form OR-40-N"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

- **Non-2-D barcode.** If the 2-D barcode area on the front of this return is blank:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
- **2-D barcode.** If the 2-D barcode area on the front of this return is filled in:
 - Mail **tax-due** returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
 - Mail **refund and no-tax-due** returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial KRANTHI KUMAR	Last name BOORGULA	Your social security number 793-19-4236
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. 3762 NW UNRATH PL		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PORTLAND	State OR	ZIP code 97229	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	72,576.
Attach Sch. B if required.	2a Tax-exempt interest	2a	2b	
	3a Qualified dividends	3a	3b	
	4a IRA distributions	4a	4b	
	5a Pensions and annuities	5a	5b	
	6a Social security benefits	6a	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
	8 Other income from Schedule 1, line 9		8	-4,780.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	67,796.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a	10b	
	b Charitable contributions if you take the standard deduction. See instructions			
	c Add lines 10a and 10b. These are your total adjustments to income		10c	2,000.
	11 Subtract line 10c from line 9. This is your adjusted gross income		11	65,796.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	53,396.

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	7,533.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,533.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,533.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	7,533.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	10,786.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	10,786.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) NO	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	10,786.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,253.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,253.
b	Routing number 1 2 4 0 0 1 5 4 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 8 0 2 0 7 5 1 2 2		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/11/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

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

Your social security number
793-19-4236

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	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,780.
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	-4,780.

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	
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	2,000.
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,000.

40001

1555

Utah State Tax Commission
Utah Individual Income Tax Return
 All State Income Tax Dollars Fund Education

2020
TC-40
 INTUIT

• Amended Return - enter code: (see instructions)

Full-yr Resident?

Your Social Security No. Your first name Your last name
 793194236 KRANTHI KUMAR BOORGULA
 Spouse's Soc. Sec. No. Spouse's first name Spouse's last name

Y/N
 Y

If deceased, complete
page 3, Part 1

Address Telephone number
 3762 NW UNRATH PL 801-647-7007
 City State ZIP+4 Foreign country (if not U.S.)
 PORTLAND OR 97229

<p>1 Filing Status - enter code</p> <p>1 = Single • <u>1</u> 2 = Married filing jointly 3 = Married filing separately 4 = Head of household 5 = Qualifying widow(er)</p> <p><small>If using code 2 or 3, enter spouse's name and SSN above</small></p>	<p>2 Qualifying Dependents</p> <p>a Dependents age 16 and under b Other dependents c 0 Total (add lines a and b)</p> <p><small>Dependents must be claimed for the child tax credit on your federal return. See instructions.</small></p>	<p>3 Election Campaign Fund</p> <p><small>Does not increase your tax or reduce your refund.</small></p> <p>Enter the code for the Yourself Spouse party of your choice. • •</p> <p><small>See instructions for code letters or go to incometax.utah.gov/elect. If no contribution, enter N.</small></p>
---	---	--

4 Federal adjusted gross income from federal return	• 4	65796
5 Additions to income from TC-40A, Part 1 (attach TC-40A, page 1)	• 5	
6 Total income - add line 4 and line 5	6	65796
7 State tax refund included on federal form 1040, Schedule 1, line 1 (if any)	• 7	
8 Subtractions from income from TC-40A, Part 2 (attach TC-40A, page 1)	• 8	
9 Utah taxable income (loss) - subtract the sum of lines 7 and 8 from line 6	• 9	65796
10 Utah tax - multiply line 9 by 4.95% (.0495) (not less than zero)	• 10	3257
11 Utah personal exemption (multiply line 2c by \$590)	• 11	0
12 Federal standard or itemized deductions	• 12	12400
13 Add line 11 and line 12	13	12400
14 State income tax deducted on federal Schedule A, line 5a (if any)	• 14	
15 Subtract line 14 from line 13	15	12400
16 Initial credit before phase-out - multiply line 15 by 6% (.06)	• 16	744
17 Enter: \$14,879 (if single or married filing separately); \$22,318 (if head of household); or \$29,758 (if married filing jointly or qualifying widow)	• 17	14879
18 Income subject to phase-out - subtract line 17 from line 9 (not less than zero)	18	50917
19 Phase-out amount - multiply line 18 by 1.3% (.013)	• 19	662
20 Taxpayer tax credit - subtract line 19 from line 16 (not less than zero)	• 20	82
21 If you are a qualified exempt taxpayer, enter "X" (complete worksheet in instr.)	• 21	
22 Utah income tax - subtract line 20 from line 10 (not less than zero)	• 22	3175

**Electronic filing
 is quick, easy and
 free, and will
 speed up your refund.**

**To learn more,
 go to
tap.utah.gov**

Utah Individual Income Tax Return (continued)

INTUIT

**TC-40
2020**

Pg. 2

40002 SSN 793194236 Last name BOORGULA

23	Enter tax from TC-40, page 1, line 22	23	3175
24	Apportionable nonrefundable credits from TC-40A, Part 3 (attach TC-40A, page 1)	• 24	
25	Full-year resident, subtract line 24 from line 23 (not less than zero) Non or Part-year resident, complete and enter the UTAH TAX from TC-40B, line 37	• 25	3175
26	Nonapportionable nonrefundable credits from TC-40A, Part 4 (attach TC-40A, page 1)	• 26	778
27	Subtract line 26 from line 25 (not less than zero)	27	2397
28	Voluntary contributions from TC-40, page 3, Part 4 (attach TC-40, page 3)	• 28	
29	AMENDED RETURN ONLY - previous refund	• 29	
30	Recapture of low-income housing credit	• 30	
31	Utah use tax	• 31	
32	Total tax, use tax and additions to tax (add lines 27 through 31)	32	2397
33	Utah income tax withheld shown on TC-40W, Part 1 (attach TC-40W, page 1)	• 33	2794
34	Credit for Utah income taxes prepaid from TC-546 and 2019 refund applied to 2020	• 34	
35	Pass-through entity withholding tax shown on TC-40W, Part 3 (attach TC-40W, page 2)	• 35	
36	Mineral production withholding tax shown on TC-40W, Part 2 (attach TC-40W, page 2)	• 36	
37	AMENDED RETURN ONLY - previous payments	• 37	
38	Refundable credits from TC-40A, Part 5 (attach TC-40A, page 2)	• 38	
39	Total withholding and refundable credits - add lines 33 through 38	39	2794
40	TAX DUE - subtract line 39 from line 32 (not less than zero)	• 40	
41	Penalty and interest (see instructions)	41	
42	TOTAL DUE - PAY THIS AMOUNT - add line 40 and line 41	• 42	
43	REFUND - subtract line 32 from line 39 (not less than zero)	• 43	397
44	Voluntary subtractions from refund (not greater than line 43) Enter the total from page 3, Part 5	• 44	
45	DIRECT DEPOSIT YOUR REMAINING REFUND - provide account information (see instructions for foreign accounts)	checking	savings
	• Routing number 124001545 • Account number 802075122	Account type: • <input checked="" type="checkbox"/>	• <input type="checkbox"/>

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules are true, correct and complete.

SIGN	Your signature	Date	Spouse's signature (if filing jointly)	Date
HERE				
Third Party Designee	Name of designee (if any) you authorize to discuss this return		Designee's telephone number	Designee PIN
Paid Preparer's Section	Preparer's signature SYAM PRIYA RAM SAGAR G	Date 02/11/21	Preparer's telephone number 6789659522	Preparer's PTIN P02082703 Preparer's EIN 301017196
	Firm's name and address GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041			

Attach TC-40 page 3 if you: are filing for a deceased taxpayer, are filing a fiscal year return, filed IRS form 8886, are making voluntary contributions, want to deposit into a my529 account, want to apply all/part of your refund to next year's taxes, want to direct deposit to a foreign account, or no longer qualify for a homeowner's exemption.

Income Tax Supplemental Schedule

INTUIT

**TC-40A
2020**

Pg. 1

40004

SSN 793-19-4236

Last name BOORGULA

Part 1 - Additions to Income (enter the code and amount of each addition to income)	Code	Amount
See instructions for codes.	.	
	.	
	.	
	.	
	.	
Total additions to income (add all additions to income and enter total here and on TC-40, line 5)		

Part 2 - Subtractions from Income (enter the code and amount of each subtraction from income)	Code	Amount
See instructions for codes.	.	
If using subtraction 77 (Native American Income), enter your enrollment number and tribal code:	.	
Tribe	.	
Enrollment Number Code	.	
You .	.	
Spouse .	.	
	.	
Total subtractions from income (add all subtractions from income and enter total here and on TC-40, line 8)		

Part 3 - Apportionable Nonrefundable Credits (enter the code and amount of each credit)	Code	Amount
See instructions for codes.	.	
	.	
	.	
	.	
	.	
Total apportionable nonrefundable credits (add all Part 3 credits and enter total here and on TC-40, line 24)		

Part 4 - Nonapportionable Nonrefundable Credits (enter the code and amount of each credit)	Code	Amount
See instructions for codes.	. 17	778
	.	
If you are using credit 02 (Qualified Sheltered Workshop), enter the sheltered workshop's name:	.	
	.	
	.	
Total nonapportionable nonrefundable credits (add all Part 4 credits and enter total here and on TC-40, line 26)		778

**Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Income Tax Supplemental Schedule

INTUIT

**TC-40A
2020**

Pg. 2

40005

SSN 793-19-4236

Last name BOORGULA

Part 5 - Refundable Credits (enter the code and amount of each refundable credit)

Code Amount

See instructions for codes.

-
-
-
-
-

Total refundable credits (add all refundable credits and enter total here and on TC-40, line 38)

**Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Credit for Income Tax Paid to Another State

INTUIT

**TC-40S
2020**

40008 SSN 793-19-4236

Last name BOORGULA

NOTE: Part-year residents rarely qualify for this credit. Nonresidents do not qualify for this credit. See instructions.**FIRST STATE**

1	Enter federal adjusted gross income taxed by both Utah and state of: OR	1	16128	
2	Federal adjusted gross income from TC-40, line 4 (see instructions)	2	65796	
3	Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.			3 0.2451
4	Utah income tax from TC-40, line 22. Part-year residents, see instructions.	4	3175	
5	Credit limitation - multiply line 4 by decimal on line 3	5	778	
6	Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1.	6	935	
7	Credit for tax paid another state - lesser of line 5 or line 6			7 778

SECOND STATE

1	Enter federal adjusted gross income taxed by both Utah and state of:	1		
2	Federal adjusted gross income from TC-40, line 4 (see instructions)	2		
3	Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.			3
4	Utah income tax from TC-40, line 22. Part-year residents, see instructions.	4		
5	Credit limitation - multiply line 4 by decimal on line 3	5		
6	Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1.	6		
7	Credit for tax paid another state - lesser of line 5 or line 6			7

THIRD STATE

1	Enter federal adjusted gross income taxed by both Utah and state of:	1		
2	Federal adjusted gross income from TC-40, line 4 (see instructions)	2		
3	Divide line 1 by line 2; round to 4 decimal places. Do not enter a number greater than 1.0000.			3
4	Utah income tax from TC-40, line 22. Part-year residents, see instructions.	4		
5	Credit limitation - multiply line 4 by decimal on line 3	5		
6	Actual income tax paid to state shown on line 1 Part-year residents must prorate tax paid to other state. Credit only applies to the portion of actual taxes paid to the other state on income shown on line 1.	6		
7	Credit for tax paid another state - lesser of line 5 or line 6			7

REV 12/14/20 PRO

**Use additional forms TC-40S if claiming credits for more than three states.
Enter the total of all amounts shown on line 7 above on TC-40A, Part 4, using code 17.
Submit page ONLY if data entered.
Attach completed schedule to your Utah Income Tax Return.**

Part 1 - Utah Withholding Tax Schedule

INTUIT

**TC-40W
2020**

Pg. 1

40009 SSN 793-19-4236

Last name BOORGULA

Line Explanations	IMPORTANT
1 Employer/payer ID number from W-2 box "b" or 1099 2 Utah withholding ID number from W-2 box "15" or 1099 (14 characters, ending in WTH, no hyphens) 3 Employer/payer name and address from W-2 box "c" or 1099 4 Enter "X" if reporting Utah withholding from form 1099 5 Employee's Social Security number from W-2 box "a" or 1099 6 Utah wages or income from W-2 box "16" or 1099 7 Utah withholding tax from W-2 box "17" or 1099	<p>Do not send your W-2s or 1099s with your return. Instead enter W-2 or 1099 information below, but only if there is Utah withholding on the form.</p> <p>Use additional forms TC-40W if you have more than four W-2s and/or 1099s with Utah withholding tax.</p> <p>Enter mineral production withholding from TC-675R in Part 2 of TC-40W; enter pass-through entity withholding in Part 3 of TC-40W.</p>
<p>First W-2 or 1099</p> 1 815138617 2 14990149002WTH (14 characters, no hyphens) 3 SACROSANCTINFO LLC 39355 CALIFORNIA ST STE 303 FREMONT CA94538 4 5 793194236 6 56448. 7 2794.	<p>Second W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7
<p>Third W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7	<p>Fourth W-2 or 1099</p> 1 2 (14 characters, no hyphens) 3 4 5 6 7

Enter total Utah withholding tax from all lines 7 here and on TC-40, page 2, line 33: 2794 .

**Submit page ONLY if data entered.
 Attach completed schedule to your Utah Income Tax Return.
 Do not attach W-2s or 1099s to your Utah return.**