

**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 <b>NARENDAR REDDY</b>	Last name <b>PASHAM</b>	Your social security number <b>774-87-4370</b>
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. <b>1600 N ARIZONA AVE</b>		Apt. no. <b>2044</b>
City, town, or post office. If you have a foreign address, also complete spaces below. <b>CHANDLER</b>		State <b>AZ</b>
		ZIP code <b>85225</b>
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 ▶ <input type="checkbox"/>	(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
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	89,692.
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	<b>4b</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	<b>5b</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	<b>6b</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>		<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .		<b>8</b>	-6,050.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶		<b>9</b>	83,642.
<b>Standard Deduction for—</b> • 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.	<b>10</b> Adjustments to income:				
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>		
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>		
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b>	83,642.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b>	12,400.
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .		<b>14</b>	12,400.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b>	71,242.

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	11,460.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,460.
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	11,460.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	11,460.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,740.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,740.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	13,740.

• 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 <b>overpaid</b>	34	2,280.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,280.
b	Routing number 1 1 1 0 0 0 0 2 5		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 8 8 0 5 8 3 0 6 7 1 8		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	07/02/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address			Phone no.
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041			(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](http://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  
NARENDAR REDDY PASHAM

**Your social security number**  
774-87-4370

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-6,050.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-6,050.

**Part II Adjustments to Income**

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

**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](http://www.irs.gov/ScheduleE) for instructions and the latest information.

Name(s) shown on return

Your social security number

NARENDAR REDDY PASHAM

774-87-4370

**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**

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	H NO : 11-13-639/3/102 HARIPURI COLONY TELANGANA IN HYDERABAD				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<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)

<b>Income:</b>		<b>Properties:</b>		<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b>	Rents received . . . . .	<b>3</b>		590 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		90 .		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		320 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		180 .		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,800 .		
<b>14</b>	Repairs. . . . .	<b>14</b>		250 .		
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,640 .		
<b>21</b>	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 <b>Form 6198</b> . . . . .	<b>21</b>		-6,050 .		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -6,050 . )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		590 .		
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		6,640 .		
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 6,050 . )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> 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 . . . . .	<b>26</b>				-6,050 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

**Do not mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.**

Your First Name and Initial <b>NARENDAR REDDY</b>	Last Name <b>PASHAM</b>	<b>Enter your SSN(s).</b>	Your Social Security Number* <b>774   87   4370</b>
Your Spouse's First Name and Initial (if filed joint)	Last Name		Spouse's Social Security No.*

**PART 1 – PURPOSE**

*\*Do Not Truncate*

- To certify the truthfulness, correctness, and completeness of the taxpayer's electronic income tax return.
- To authorize the Electronic Return Originator (ERO) to affirm that the taxpayer wishes to use the taxpayer's electronic signature to the taxpayer's federal individual income tax return as the taxpayer's signature to the taxpayer's electronic Arizona individual income tax return.

**PART 2 – TAX RETURN INFORMATION**

1 Arizona Adjusted Gross Income	<b>59,652</b>	<b>00</b>
2 Balance Of Tax .....	<b>1,373</b>	<b>00</b>
3 Arizona Income Tax Withheld ...	<b>1,611</b>	<b>00</b>

**Check box 4 or box 5:**

- REFUND:** Enter the amount of refund..... **238****00**
- AMOUNT YOU OWE:** Enter the amount owed..... **00**

**PART 3 – FINANCIAL INSTITUTION INFORMATION**

Must be present when requesting direct debit or deposit.

Foreign Account Deposit/Debit: See instructions below.

TYPE OF ACCOUNT	ROUTING NUMBER
<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	<b>1 1 1 0 0 0 0 2 5</b>

ACCOUNT NUMBER
<b>4 8 8 0 5 8 3 0 6 7 1 8</b>

DIRECT DEBIT REQUEST DATE	DIRECT DEBIT PAYMENT AMOUNT
	<b>\$ .00</b>

**Box 4 Checkbox – Refund:** You are due a refund based on the information provided on your tax return. Your refund amount will be deposited in the account listed in the Financial Institution Information Section (Part 3).

**Box 5 Checkbox – Amount You Owe:** You owe taxes based on the information provided on your tax return. You have elected to direct debit for payment. The payment will be withdrawn from the account and on the date listed in the Financial Institution Information Section (Part 3).

**Foreign Account Deposit/Debit Checkbox:** Check the "Foreign Account Deposit/Debit" box if your deposit will be ultimately placed in or come from a foreign account. If you check this box, do not enter your account numbers. If this box is checked, we will not direct deposit or debit your account. If you are due a refund, we will send you a check instead. If you owe tax, **you must mail a check to the Arizona Department of Revenue, PO Box 29085, Phoenix, AZ 85038-9085.**

**PART 4 – DECLARATION AND SIGNATURE AUTHORIZATION (Sign only after completing Part 2)**

Under penalties of perjury, I declare that I have examined a copy of my electronic Arizona individual income tax return and accompanying schedules and statements for the year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts of Arizona adjusted gross income, total tax, Arizona income tax withheld, and refund (or amount owed) listed above are the amounts shown on the copy of my electronic Arizona income tax return.

- 6a**  I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b**  I do not want direct deposit of my refund or I am not receiving a refund.
- 6c**  I authorize the Arizona Department of Revenue (ADOR) 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 Arizona taxes owed on this return. 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.

If I have filed a balance due return, I understand that if the ADOR does not receive full and timely payment of my tax liability by April 15, 2021, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, my state return will also be rejected.

I consent to my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) sending my electronic Arizona individual income tax return and accompanying schedules and statements to ADOR, and I consent to my ERO or OLSP sending such information to ADOR through a transmitter. I consent to ADOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize ADOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If ADOR contacts my ERO for a copy of my return, any documents or schedules to my return, and/or this authorization form, I authorize my ERO to release copies of the requested documents to ADOR.

I authorize GLOBAL TAXES LLC  
(ELECTRONIC RETURN ORIGINATOR)

to make the election that I want my electronic signature to my electronic federal individual income tax return to serve as my signature to my electronic Arizona individual income tax return for the year ending December 31, 2020. I understand that when my ERO makes the election that my electronic signature to my federal individual income tax return will serve as my signature to my Arizona individual income tax return, I will have signed my Arizona individual income tax return and declared under penalties of perjury that to the best of my knowledge and belief the return is true, correct and complete.

<b>PLEASE SIGN HERE</b>	→ _____ YOUR PEN AND INK SIGNATURE	_____ DATE
	→ _____ SPOUSE'S PEN AND INK SIGNATURE	_____ DATE

DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140PY

Part-Year Resident Personal Income Tax Return

FOR CALENDAR YEAR 2020

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 1/1/2020 AND ENDING 12/31/2020 66F

Your First Name and Middle Initial: NARENDAR REDDY; Last Name: PASHAM; Your Social Security Number: 774 87 4370; Spouse's First Name and Middle Initial: ; Last Name: ; Spouse's Social Security No.:

Current Home Address - number and street, rural route: 1600 N ARIZONA AVE; Apt. No.: 2044; Daytime Phone (with area code): (972) 952-8281; City, Town or Post Office: CHANDLER; State: AZ; ZIP Code: 85225; Last Names Used in Last Four Prior Year(s) (if different):

FILING STATUS: 4 Married filing joint return; 5 Head of household; 6 Married filing separate return; 7 Single (checked); REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

Enter the number claimed. Do not put a check mark. 8 Age 65 or over (you and/or spouse); 9 Blind (you and/or spouse); 10a Dependents: Under age of 17; 10b Dependents: Age 17 and over; 11a Qualifying parents and grandparents; 81P PM; 80R RCVD

12-13 Residency Status (check one): 12 Part-Year Resident Other than Active Military (checked); 13 Part-Year Resident Active Military

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Includes dependent information for 10c and 10d.

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) IF AGE 65 OR OVER, (f) IF DIED IN 2020. Includes qualifying parents and grandparents for 11b and 11c.

Table with 3 columns: Description, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Amount Only. Includes lines 15-27 for income and Arizona income ratio.

Table with 3 columns: Description, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Amount Only. Includes lines 28-39 for deductions and adjustments.

Place any required federal and AZ schedules or other documents after Form 140PY.

Exemptions 8, 9, and 11a - Dependents 10a and 10b; Arizona Income; Subtractions - cont. on page 2; Additions

Your Name (as shown on page 1) **NARENDAR REDDY PASHAM** Your Social Security Number **774-87-4370**

Subtractions cont. from page 1	40	Recalculated Arizona depreciation	40		00
	41	Contributions to 529 College Savings Plans	41		00
	42	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	42		00
	43	U.S. Social Security or Railroad Retirement Act benefits included in your Arizona income	43		00
	44	Other Subtractions from Income. See instructions for completing the schedule on page 5	44		00
	45	Subtract lines 40 through 44 from line 39	45	59,652	00
Exemptions	46	Age 65 or over: Multiply the number in box 8 by \$2,100	46		00
	47	Blind: Multiply the number in box 9 by \$1,500	47		00
	48	Other Exemptions. See instructions. <b>48E</b> <input type="checkbox"/> Multiply the number in box <b>48E</b> by \$2,300	48		00
	49	Qualifying parents and grandparents: Multiply the number in box 11a by \$10,000	49		00
	50	Add lines 46 through 49	50		00
	51	Multiply line 50 by the Arizona income ratio on line 27	51		0 00
	52	<b>Arizona adjusted gross income:</b> Subtract line 51 from line 45. If less than zero, enter "0"	52	59,652	00
Balance of Tax	53	<b>Deductions: Check box and enter amount.</b> See instructions. <b>53I</b> <input type="checkbox"/> ITEMIZED <b>53S</b> <input checked="" type="checkbox"/> STANDARD	53	12,400	00
	54	If you checked box <b>53S</b> and claim charitable deductions, check <b>54C</b> <input type="checkbox"/> Complete page 3. See instructions	54		00
	55	Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0"	55	47,252	00
	56	Compute the tax using amount from line 55 and Tax Table X or Y	56	1,373	00
	57	Tax from recapture of credits from Arizona Form 301, Part 2, line 31	57		00
	58	Subtotal of tax: Add lines 56 and 57 and enter the total	58	1,373	00
	59	Dependent Tax Credit. See instructions	59		00
	60	Family income tax credit (from the worksheet - see instructions)	60		00
	61	Nonrefundable credits from Arizona Form 301, Part 2, line 61	61		00
	62	<b>Balance of tax:</b> Subtract lines 59, 60, and 61 from line 58. If the sum of lines 59, 60, and 61 is more than line 58, enter "0"	62	1,373	00
Total Payments and Refundable Credits	63	2020 AZ income tax withheld	63	1,611	00
	64	2020 AZ estimated tax payments. <b>64a</b> <input type="text" value="00"/> Claim of Right <b>64b</b> <input type="text" value="00"/> Add 64a and 64b. <b>64c</b>	64		00
	65	2020 AZ extension payment (Form 204)	65		00
	66	Increased Excise Tax Credit (from the worksheet - see instructions)	66		00
	67	Other refundable credits: Check the box(es) and enter the total amount. <b>671</b> <input type="checkbox"/> 308-I <b>672</b> <input type="checkbox"/> 349	67		00
	68	<b>Total payments and refundable credits:</b> Add lines 63 through 67 and enter the total	68	1,611	00
Tax Due or Overpayment	69	<b>TAX DUE:</b> If line 62 is larger than line 68, subtract line 68 from line 62, and enter amount of tax due. Skip lines 70, 71 and 72	69		00
	70	<b>OVERPAYMENT:</b> If line 68 is larger than line 62, subtract line 62 from line 68, and enter amount of overpayment	70	238	00
	71	Amount of line 70 to be applied to 2021 estimated tax	71		00
	72	Balance of overpayment: Subtract line 71 from line 70	72	238	00
Voluntary Gifts	73 - 83	<b>Voluntary Gifts to:</b>			
		Solutions Teams Assigned to Schools <b>73</b>	<input type="text" value="00"/>	Arizona Wildlife <b>74</b>	<input type="text" value="00"/>
		Child Abuse Prevention <b>75</b>	<input type="text" value="00"/>	Domestic Violence Services <b>76</b>	<input type="text" value="00"/>
		Neighbors Helping Neighbors <b>78</b>	<input type="text" value="00"/>	Special Olympics <b>79</b>	<input type="text" value="00"/>
		I Didn't Pay Enough Fund <b>81</b>	<input type="text" value="00"/>	Sustainable State Parks and Road Fund <b>82</b>	<input type="text" value="00"/>
				Veterans' Donations Fund <b>80</b>	<input type="text" value="00"/>
				Spay/Neuter of Animals <b>83</b>	<input type="text" value="00"/>
	84	Political Party (if amount is entered on line 77- check only one): <b>841</b> <input type="checkbox"/> Democratic <b>842</b> <input type="checkbox"/> Libertarian <b>843</b> <input type="checkbox"/> Republican			
Penalty	85	Estimated payment penalty	85		00
	86	<b>861</b> <input type="checkbox"/> Annualized/Other <b>862</b> <input type="checkbox"/> Farmer or Fisherman <b>863</b> <input type="checkbox"/> Form 221 included			
	87	Add lines 73 through 83 and 85; enter the total	87		00
Refund or Amount Owed	88	<b>REFUND:</b> Subtract line 87 from line 72. If less than zero, enter amount owed on line 89	88	238	00
		<b>Direct Deposit of Refund: Check box 88A</b> if your deposit will be ultimately placed in a foreign account; see instructions. <b>88A</b> <input type="checkbox"/>			
		<input checked="" type="checkbox"/> <b>C</b> Checking or <input type="checkbox"/> <b>S</b> Savings ROUTING NUMBER: <input type="text" value="111000025"/> ACCOUNT NUMBER: <input type="text" value="488058306718"/>			
	89	<b>AMOUNT OWED:</b> Add lines 69 and 87. Make check payable to Arizona Department of Revenue; write your SSN on payment.	89		00

**PLEASE SIGN HERE**

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 \_\_\_\_\_ SOFTWARE DEVELOPER  
OCCUPATION

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION  
SYAM PRIYA RAM SAGAR GUPTA TALLAM 07022021 GLOBAL TAXES LLC  
PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)  
2530 Pebble Creek Ln 30-1017196  
PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN  
Cumming GA 30041 (678) 965-9522  
PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode).  
If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

## Instructions for Form D-400V, Payment Voucher

### What Is Form D-400V and Why Should You Use It?

It is a statement you send with your payment of a balance due on Form D-400. Using Form D-400V allows the Department to process your payment more accurately and efficiently. We strongly encourage you to use Form D-400V. (Do not use Form D-400V when making a payment of a balance due on an amended Form D-400. Use Form D-400V Amended.)

### Preparing and Sending Your Payment

- Make your check or money order payable in U.S. dollars to the **NC Department of Revenue**. **Note:** The Department will not accept a check, money order, or cashier's check unless it is drawn on a U.S. (domestic) bank and the funds are payable in U.S. dollars.
- Make sure your name and address appear on your check or money order.

- Enter "Tax Year and Form D-400," your daytime phone number, and your SSN on your check or money order. If you are filing a joint return, enter the SSN shown first on your return.
- Cut across the dotted line and send the completed voucher and your check or money order.

### What if You File Electronically?

If you choose to file electronically and have a balance due, follow your transmitter's or preparer's instructions for making your payment.

### Other Payment Methods

In lieu of mailing your payment to the Department, you may pay your tax online by bank draft (free), or credit or debit card using Mastercard or Visa (\$2 convenience fee for every \$100 paid). This online service is accurate, secure and convenient. For details, visit [www.ncdor.gov](http://www.ncdor.gov).

### Important Reminders

- **Do not** use this payment voucher if you pay your tax online.
- **Do not** staple, tape, paper clip or otherwise attach your check or money order to the voucher.
- **Do not** fold the voucher or check.
- **Do not** use this voucher to pay quarterly estimated tax.
- **Do not** use a photocopy of the voucher.
- **Do not** use another person's voucher.
- **Do not** send cash.



Cut Here



<b>D-400V (50)</b> 9-16-08	<b>Individual Income Payment Voucher</b> North Carolina Department of Revenue
-------------------------------	--

REV 04/06/21 PRO

774874370      PASH      1600      85225

NARENDAR REDD      PASHAM

1600 N ARIZONA AVE APT 2044      For Calendar Year      2020

CHANDLER      AZ      85225

Taxpayer/Paid Preparer: SYAM PRIYA RAM SAGAR G

Date: 07 02 21      Phone: (678)965-9522

#### AMOUNT OF THIS PAYMENT

This must match the amount shown  
on your check or money order.

**\$**      3 . 00

7270150106



20206 7748743701 0000000 06408

Mail to:  
NCDOR, PO Box 25000,  
Raleigh, NC 27640-0640



**D-400 (50)** 8-10-20 **2020 Individual Income Tax Return**

< Staple All Pages of Your Return and W-2s Here

North Carolina Department of Revenue

Amended Return

DOR  
Use  
Only

For calendar year 2020, or fiscal year beginning <u>20</u> and ending _____		Are you a veteran? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NARENDAR REDD PASHAM 1600 N ARIZONA AVE 2044 Your SSN: 774874370 CHANDLER AZ 85225 Spouse's SSN: _____		Is your spouse a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
Filing Status <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married Filing Jointly <input type="checkbox"/> 3. Married Filing Separately <input type="checkbox"/> 4. Head of Household <input type="checkbox"/> 5. Qualifying Widow(er)		Were you granted an automatic extension to file your 2020 federal income tax return (Form 1040)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Were you a resident of N.C. for the entire year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Return for deceased taxpayer. Date of death: _____ Was your spouse a resident for the entire year? Yes <input type="checkbox"/> No <input type="checkbox"/> Return for deceased spouse. Date of death: _____		Year spouse died: _____
N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ <u>0</u> . To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 31. (See instructions for information about the Fund.)		
<input type="checkbox"/> Select box if you, or if married filing jointly, your spouse were out of the country on April 15, 2021, and a U.S. citizen or resident.		
<input type="checkbox"/> Select box if return is filed and signed by Executor, Administrator, or Court-Appointed Personal Representative.		

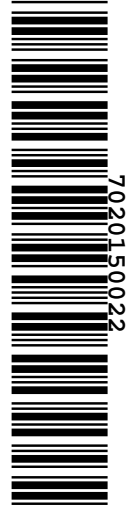
FS 1 PP Y DT N OC N TPRES N SPRES N VT N SVT N  
 PASH 1600 85225 DS N EA N TD SD FDEXT N  
 NARENDAR REDD PASHAM 774874370

AZ 85225

1600 N ARIZONA AVE 2044 CHANDLER

06	83642	16	0	26C	0
07	0	18 Y	0	26E	0
09	0	20A	1371	EU	
10A	0	20B	0	27	3
10B	0	21A	0	29	0
11 S Y I N		21B	0	30	0
11	10750	21C	0	31	0
13	03591	21D	0	32	0
14	26176	26A	3	34	0
15	1374	26B	0		

TN 9729528281 PN 6789659522 PP P02082703



<b>Sign Return Below</b> <input type="checkbox"/> <b>Refund Due</b> <u>0</u> <input checked="" type="checkbox"/> <b>Payment Due</b> <u>3</u>	
I declare and certify 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. <input type="checkbox"/> Check here if you authorize the North Carolina Department of Revenue to discuss this return and attachments with the paid preparer below.	
Your Signature _____ Date _____	Spouse's Signature (If filing joint return, both must sign.) _____ Date _____
9729528281 Contact Phone No. (Include area code)	
<b>PAID PREPARER USE ONLY</b> If prepared by a person other than taxpayer, this certification is based on all information of which the preparer has any knowledge.	
SYAM PRIYA RAM SAGAR GUPT 07 02 21 6789659522	P02082703
Paid Preparer's Signature _____ Date _____	Preparer's Contact Phone Number (Include area code) _____ Preparer's FEIN, SSN, or PTIN _____

If REFUND, mail return to: N.C. DEPT. OF REVENUE, P.O. BOX R, RALEIGH, NC 27634-0001  
 If you ARE NOT due a refund, mail return, any payment, and D-400V to: N.C. DEPT. OF REVENUE, P.O. BOX 25000, RALEIGH, NC 27640-0640

**D-400 Line-by-Line Information**

6.	Federal Adjusted Gross Income	6.	83642
7.	Additions to Federal Adjusted Gross Income	7.	0
8.	Add Lines 6 and 7	8.	83642
9.	Deductions From Federal Adjusted Gross Income	9.	0
10.	Child Deduction		
	a. Enter the number of qualifying children for whom you were allowed a federal child tax credit	10a.	0
	b. Enter the amount of the child deduction	10b.	0
11.	N.C. Standard Deduction	11.	Y
11.	N.C. Itemized Deduction	11.	N
11.	Deduction amount	11.	10750
12.	a. Add Lines 9, 10b, and 11	12a.	10750
	b. Subtract amount on Line 12a from Line 8	12b.	72892
13.	Part-year Residents and Nonresidents Taxable Percentage	13.	0.3591
14.	N.C. Taxable Income	14.	26176
15.	N.C. Income Tax	15.	1374
16.	Tax Credits	16.	0
17.	Subtract Line 16 from Line 15	17.	1374
18.	Consumer Use Tax	18.	0
	You certify that no Consumer Use Tax is due		Y
19.	Add Lines 17 and 18	19.	1374

**North Carolina Income Tax Withheld**

20a.	Your tax withheld	20a.	1371
20b.	Spouse's tax withheld	20b.	0

**Other Tax Payments**

21a.	2020 estimated tax	21a.	0
21b.	Paid with extension	21b.	0
21c.	Partnership	21c.	0
21d.	S Corporation	21d.	0
22.	Amended Returns Only - Previous payments	22.	0
23.	Total Payments	23.	1371
24.	Amended Returns Only - Previous refunds	24.	0
25.	Subtract Line 24 from Line 23	25.	1371
26a.	<b>Tax Due</b>	26a.	3
26b.	Penalties	26b.	0
26c.	Interest	26c.	0
26d.	Add Lines 26b and 26c and enter the total on 26d	26d.	0
EU	Exception to Underpayment of Estimated Tax	EU	
26e.	Interest on the Underpayment of Estimated Income Tax	26e.	0
27.	<b>Pay this Amount</b>	27.	3
28.	<b>Overpayment</b>	28.	0

**Amount of Refund to Apply to:**

29.	Amount of Line 28 to be applied to 2021 Estimated Income Tax	29.	0
30.	N.C. Nongame and Endangered Wildlife Fund	30.	0
31.	N.C. Education Endowment Fund	31.	0
32.	N.C. Breast and Cervical Cancer Control Program	32.	0
33.	Add Lines 29 through 32	33.	0
34.	<b>Amount to be Refunded</b>	34.	0

**D-400 Sch PN (50)**

8-12-20

**2020 Part-Year Resident and Nonresident Schedule**  
 North Carolina Department of Revenue

DOR  
Use  
Only

If you enter a taxable percentage on Form D-400, Line 13 because you or your spouse, if married filing jointly, were not full-year residents of North Carolina during tax year 2020, you must attach this schedule to Form D-400. If you do not, the Department may be unable to process your return.

Last Name (First 10 Characters) <b>PASHAM</b>	Your Social Security Number <b>774874370</b>
---	--

A part-year resident or a nonresident who receives income from N.C. sources must complete this form to determine the percentage of total income from all sources that is subject to N.C. tax. You are a **"part-year resident"** if you moved to N.C. and became a resident during the tax year, or you moved out of N.C. and became a resident of another state during the tax year. You are a **"nonresident"** if you were not a resident of N.C. at any time during the tax year.

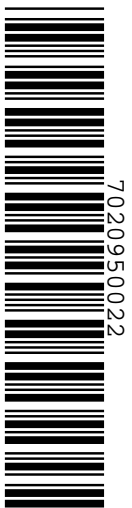
Important: Refer to the Instructions before completing this form.

NRT	N	PYT	Y	01 01 20	04 13 20	22	30039
NRS	N	PYS	N			23	83642

<b>Part A. Residency Status</b>			
Taxpayer is: (Select applicable box)		Spouse is: (Select applicable box)	
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input checked="" type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident
<input type="checkbox"/> Full-Year Resident	<input type="checkbox"/> Nonresident	<input type="checkbox"/> Part-Year Resident	<input type="checkbox"/> Full-Year Resident
Date N.C. residency began	Date N.C. residency ended	Date N.C. residency began	Date N.C. residency ended
01 01 20	04 13 20		

If you and your spouse were both full-year residents of N.C., **stop here**; do not complete Parts B and C. Do not attach Schedule PN to Form D-400.

<b>Part B. Allocation of Income for Part-Year Residents and Nonresidents</b>			
<b>Total Income</b>	<b>COLUMN A</b>	<b>COLUMN B</b>	
	<b>Total Income from all sources</b>	<b>Amount of Column A subject to N.C. tax</b>	
1. Wages, Salaries, Tips, Etc.	1. 89692	30039	
2. Taxable Interest	2. 0	0	
3. Taxable Dividends	3. 0	0	
4. Taxable Refunds, Credits, or Offsets of State and Local Income Taxes	4. 0	0	
5. Alimony Received	5. 0	0	
6. Business Income or (Loss)	6. 0	0	
7. Capital Gain or (Loss)	7. 0	0	
8. Other Gains or (Losses)	8. 0	0	
9. Taxable Amount of IRA Distributions	9. 0	0	
10. Taxable Amount of Pensions and Annuities	10. 0	0	
11. Rental Real Estate, Royalties, Partnerships, S-Corps, Estates, Trusts, Etc.	11. -6050	0	
12. Farm Income or (Loss)	12. 0	0	
13. Unemployment Compensation	13. 0	0	
14. Taxable Amount of Social Security Benefits or Railroad Retirement Benefits	14. 0	0	
15. Other Income	15. 0	0	
16. Total Income	16. 83642	30039	
	<b>COLUMN A</b>	<b>COLUMN B</b>	
<b>North Carolina Adjustments</b>	<b>Enter the amount from Form D-400 Schedule S</b>	<b>Amount of Column A subject to N.C. tax</b>	
17. Additions			
a. Interest Income From Obligations of States Other Than N.C.	17a. 0	0	
b. Deferred Gains Reinvested Into an Opportunity Fund Under IRC Section 1400Z-2	17b. 0	0	
c. Bonus Depreciation	17c. 0	0	
d. IRC Section 179 Expense	17d. 0	0	
e. Other Additions to Federal Adjusted Gross Income That Relate to Gross Income	17e. 0	0	
18. Total Additions	18. 0	0	



Last Name (First 10 Characters) PASHAM	Your Social Security Number 774874370
--	---------------------------------------

**Part B. Allocation of Income for Part-Year Residents and Nonresidents** (continued)

	COLUMN A Enter the amount from Form D-400 Schedule S	COLUMN B Amount of Column A subject to N.C. tax
19. Deductions		
a. State or Local Income Tax Refund	19a. 0	0
b. Interest From Obligations of the United States or United States' Possessions	19b. 0	0
c. Taxable Portion of Social Security or Railroad Retirement Benefits	19c. 0	0
d. Bailey Retirement Benefits	19d. 0	0
e. Bonus Depreciation	19e. 0	0
f. IRC Section 179	19f. 0	0
g. Recognized IRC Section 1400Z-2 Gain	19g. 0	0
h. Other Deductions From Federal Adjusted Gross Income That Relate to Gross Income	19h. 0	0
20. Total Deductions	20. 0	0
21. Total Income Modified by N.C. Adjustments	21. 83642	30039

**Part C. Part-Year Residents and Nonresidents Taxable Percentage**

22. Enter the Amount From Column B, Line 21		22. 30039
23. Enter the Amount From Column A, Line 21		23. 83642
24. Part-Year Residents and Nonresident Taxable Percentage		24. 0.3591