

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 PRASHANTH REDDY BOLLA	Social security number 380-51-0983
Spouse's name	Spouse's social security number

Part I Tax Return Information – Tax Year Ending December 31, 2020 (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	67,385.
2 Total tax	2	7,885.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	11,605.
4 Amount you want refunded to you	4	3,925.
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

1	0	9	8	3
---	---	---	---	---

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

Your first name and middle initial: PRASHANTH REDDY
Last name: BOLLA
Your social security number: 380-51-0983
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.
3220 SAN MARINO DRIVE
Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
ODESSA TX 79765
Foreign country name:
Foreign province/state/county:
Foreign postal code:
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse

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

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

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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes instructions for dependents.

Main income table with columns for various income types (1-15) and taxable income. Includes sub-columns for tax-exempt interest, qualified dividends, IRA distributions, pensions, social security benefits, capital gain, other income, adjustments to income, and standard deduction.

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

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	7,885.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,885.
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	7,885.
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	7,885.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	11,605.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	11,605.
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	205.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	205.
33	Add lines 25d, 26, and 32. These are your total payments	33	11,810.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,925.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,925.
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 2 7 9 7 4 1 7		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

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 ENGINEER	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 03/22/2021	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

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

**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
PRASHANTH REDDY BOLLA

Your social security number
380-51-0983

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	-5,300.
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	-5,300.

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	
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	

SCHEDULE D
(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

2020

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/ScheduleD for instructions and the latest information.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

PRASHANTH REDDY BOLLA

Your social security number

380-51-0983

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? **Yes** **No**

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	184,709.	199,606.	4,070.	-10,827.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (14,721.)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -25,548.

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (3,979.)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back				15 -3,979.

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 	16	-29,527.
<p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p>	18	
<p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21	(3,000.)
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

PRASHANTH REDDY BOLLA

Social security number or taxpayer identification number

380-51-0983

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Robinhood Securities LLC	04/07/20	12/18/20	184,709.	199,606.	W	4,070.	-10,827.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				184,709.	199,606.		4,070.	-10,827.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

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

PRASHANTH REDDY BOLLA

380-51-0983

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	1-66/1 KUPPIREDDY GUDEM SURYAPET TELANGANA IN 508213				
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		550.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		1,200.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11		900.		
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13				
14	Repairs.	14		1,400.		
15	Supplies	15		1,150.		
16	Taxes	16				
17	Utilities.	17		1,200.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		5,850.		
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		-5,300.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-5,300.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			550.	
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			5,850.	
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		(5,300.)		
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				-5,300.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

New Mexico Taxation and Revenue Department
**INDIVIDUAL INCOME TAX DECLARATION FOR
ELECTRONIC FILING AND TRANSMITTAL**

First Name, Middle Initial, and Last Name PRASHANTH REDDY BOLLA	Social Security Number (SSN) 380-51-0983	<input checked="" type="checkbox"/> Residency Status
Spouse First Name, Middle Initial, and Last Name	Social Security Number (SSN)	<input type="checkbox"/> Residency Status
Mailing Address, City, State, and Zip Code 3220 SAN MARINO DRIVE ODESSA TX 79765		
TAX YEAR (CCYY): <u>2020</u>		
FILING STATUS (Check One)		
<input checked="" type="checkbox"/> (1.) Single	<input type="checkbox"/> (4.) Head of household (Enter name of person who qualifies you as head of household if that person is not counted as a qualified exemption on your federal return.) _____	
<input type="checkbox"/> (2.) Married filing jointly	<input type="checkbox"/> (5.) Qualifying widow(er)	
<input type="checkbox"/> (3.) Married filing separately (Enter spouse's name and social security number.)		

PART I: TAX RETURN INFORMATION (Whole Dollar Amounts Only)

1. Federal Adjusted Gross Income (as reported on PIT-1)	1.	67,385
2. Net New Mexico Income Tax (as reported on PIT-1).....	2.	12
3. Total Payments and Credits (as reported on PIT-1)	3.	16
4. Tax Due (as reported on PIT-1).....	4.	
5. Overpayment (as reported on PIT-1)	5.	4

PART II: DECLARATION OF TAXPAYER

I declare the amounts described in Part I above agree with the amounts shown on the corresponding lines of my New Mexico personal income tax return, and that I have examined the contents of my electronic return and accompanying schedules and statements. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including accompanying schedules and statements, be electronically transmitted to the New Mexico Taxation and Revenue Department.

PLEASE
SIGN
HERE_____
Your signature_____
Date_____
Spouse's signature (If joint return, BOTH MUST sign.)**PART III: DECLARATION OF PREPARER/TRANSMITTER** (If Applicable)**PAID PREPARER'S, ELECTRONIC RETURN ORIGINATOR'S or OTHER THIRD-PARTY TRANSMITTER'S USE ONLY**

I declare the above taxpayer's return is based on all pertinent information of which I have knowledge. I have verified that the taxpayer's name shown on this declaration agrees with the name that appears on the proof of account. A copy of all forms and information to be filed with or transmitted to the New Mexico Taxation and Revenue Department have been provided to the taxpayer.

Preparer's/Transmitter's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM		Date 03/22/2021
Check if self-employed <input type="checkbox"/>	Preparer's PTIN P02082703	NM CRS identification number (if applicable)
Firm's name (or yours, if self-employed) GLOBAL TAXES LLC		
Address (number, street, city, and state) 2530 PEBBLE CREEK LN CUMMING		ZIP code GA 30041

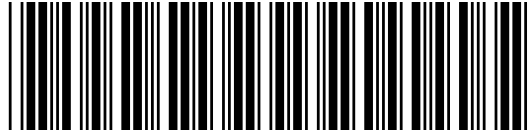
When required to submit a copy of this form to the Department, mail the form and attachments to:
New Mexico Taxation and Revenue Department, P.O. Box 5418, Santa Fe, NM 87502-5418

2020 PIT-1 NEW MEXICO PERSONAL INCOME TAX RETURN

For the year January 1 - December 31, 2020

or fiscal year beginning F₁ _____ ending F₂ _____

If amending use Form 2020 PIT-X.



1555 02 1

1a Print your name (first, middle, last)
PRASHANTH REDDY BOLLA

2a Print your spouse's name (first, middle, last). If married filing separately, include spouse.

3a If the address is new or changed, mark this box.

3b Mailing Address (Number and street)
3220 SAN MARINO DRIVE

3c City State Postal/ZIP Code
ODESSA TX 79765

3d If foreign address, enter country Foreign province and/or state

5. **EXEMPTIONS:** Taxpayer, spouse, dependents, and other dependents reported on federal Form 1040. If you are a dependent or other dependent of another taxpayer, enter 00. (See instructions)

EXTENSION OF TIME TO FILE.

6a If you have a federal or state extension, mark the box and enter the extension date. 6b _____

8. DEPENDENTS AND OTHER DEPENDENTS. As listed on your federal return.
(You must report the first 5 dependents and other dependents in this table. Use Schedule PIT-S for additional entries.)

First name	Column 1 Last name	Column 2 Dependent's SSN	Column 3 Date of birth (MM/DD/CCYY)

SOCIAL SECURITY NUMBER 1b 380-51-0983
Blind 1c Age 65 or over 1d Residency status 1e N
Taxpayer's date of birth 1f 08/25/1993

2b _____ 2c 2d 2e _____ 2f _____
Spouse's date of birth

4. If a deceased taxpayer's refund must be made payable to a person other than the taxpayer or spouse named on this return, enter below the name and social security number of that person. You must also attach Form RPD-41083.
4a Name _____
4b SSN _____
If taxpayer or spouse died before this return is filed, enter date of death.
4c Taxpayer's date of death _____
4d Spouse's date of death _____

Residency status:
For taxpayer and spouse (1e and 2e), enter:
R if RESIDENT
N if NON-RESIDENT
F if FIRST-YEAR RES.
P if PART-YEAR RES.

7. FILING STATUS. Mark only one box.

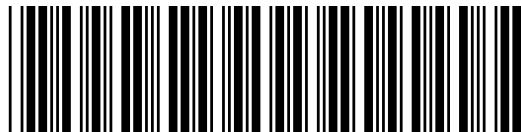
(1) Single
 (2) Married filing jointly
 (3) Married filing separately (Enter spouse's name and social security number in 2a and 2b.)
 (4) Head of household (Enter name of person qualifying you as head of household if that person is not counted as a qualified dependent on your federal return.)
(4a) _____
 (5) Qualifying widow(er) with dependent child

9. FEDERAL ADJUSTED GROSS INCOME. (from federal Form 1040 or 1040SR, line 11).....	9	67,385
10. If you itemized your federal deduction amount, enter the amount of state and local tax deduction claimed on federal Form 1040, Schedule A, line 5a. See the worksheet in the instructions.....	+	10
11. Total Additions to federal adjusted gross income (PIT-ADJ, line 5). Attach PIT-ADJ	+	11
12. Federal standard or itemized deduction amount (from federal Form 1040, line 12).....	-	12 12,400
12a. If you itemized , mark the box.....	12a	<input type="checkbox"/>
13. Deduction for certain dependents. See the worksheet in the instructions	-	13 0
14. New Mexico low- and middle-income tax exemption. See PIT-1 instructions.....	-	14
15. Total Deductions and Exemptions from federal income (PIT-ADJ, line 22). Attach PIT-ADJ	-	15
16. Medical care expense deduction. See PIT-1 instructions.....	-	16
You must complete both lines 16 and 16a or the deduction will be denied.		
16a. Unreimbursed and uncompensated medical care expenses.....	16a	_____
17. NEW MEXICO TAXABLE INCOME. Add lines 9, 10 and 11, then subtract lines 12, 13, 14, 15 and 16..... Cannot be less than zero.	=	17 54,985
18. New Mexico tax on amount on line 17 or from PIT-B, line 14.....		18 12
18a. From Rate Table = R . From PIT-B, line 14 = B	18a	<input checked="" type="checkbox"/> B
19. Additional amount for tax on lump-sum distributions. See PIT-1 instructions.....	+	19
20. Credit for taxes paid to another state. You must have been a New Mexico resident during all or part of the year. Include a copy of other state's return. See PIT-1 instructions.....	-	20
21. Business-related income tax credits applied, from Schedule PIT-CR, line A. Attach PIT-CR	-	21
22. NET NEW MEXICO INCOME TAX. Add lines 18 and 19, then subtract lines 20 and 21. Cannot be less than zero.....	=	22 12

Electronic filers: If you file your New Mexico Personal Income Tax return online and also pay tax due online, your due date is April 30, 2021. All others must file by April 15, 2021. See PIT-1 instructions for details.

Continue on the next page.

2020 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN



1
YOUR SOCIAL SECURITY NUMBER

380-51-0983

Do not submit a **photocopy** of this form to the Department. Submit only original forms and keep a copy for your records. If submitting this return by mail, send to:

New Mexico Taxation and Revenue Department
 P. O. Box 25122
 Santa Fe, New Mexico 87504-5122

23. The amount on line 22 from page 1.....	23	12
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC	24	
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.).....	25	
25a. The amount of federal earned income credit (EIC) reported on your 2020 federal income tax return.....	25a	
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR.....	26	
27. New Mexico income tax withheld. Attach annual statements of income and withholding	27	16
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	28	
29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359	29	
30. 2020 estimated income tax payments. See PIT-1 instructions.....	30	
31. Other Payments.....	31	
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31.....	32	16
33. TAX DUE. If line 23 is greater than line 32, enter the difference here.....	33	
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank.....	34	
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	35.	
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank.....	36	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank.....	37	
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37.....	38	
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here.....	39	4
40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D	40	
41. Amount from line 39 you want applied to your 2021 Estimated Tax	41	
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41.....	42	4

!! REFUND EXPRESS !! HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

RE.1 Routing number: 111000025
 RE.2 Account number: 488052797417

RE.3 Type: Choose one.
 Checking Mark X by your choice.
 Savings

REQUIRED: You must answer this question. WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.
 RE.4 YES NO

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

Your signature	Date
Driver's License, State ID No. or enter "NONE" or "DECLINED"	State Expiration Date
39057356	TX 08/14/2021
Spouse's signature	Date
Spouse's Driver's License, State ID No. or enter "NONE" or "DECLINED"	State Expiration Date

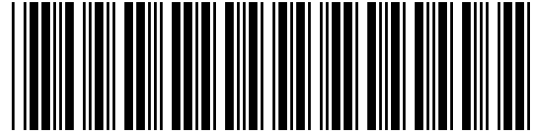
(If filing jointly, BOTH must sign even if only one had income.)
 Taxpayer's phone number (432) 557-2649
 Taxpayer's email address PRASHANTH.BPR@GMAIL.COM

Paid preparer's use only:

SYAM PRIYA RAM SAGAR GUPTA T 03/22/2021
 Signature of preparer Date

GLOBAL TAXES LLC
 P.1 Firm's name (or yours, if self-employed)
 P.2 NM CRS identification number
 P.3 Preparer's PTIN P02082703
 P.4 FEIN 30-1017196
 P.5 Preparer's phone number (678) 965-9522
 P.6 Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.

2020 PIT-B
NEW MEXICO ALLOCATION AND APPORTIONMENT
OF INCOME SCHEDULE



1

Print your name (first, middle, last)
 PRASHANTH REDDY BOLLA

YOUR SOCIAL SECURITY NUMBER
 380-51-0983

Taxpayers who allocate and apportion income from both inside and outside the State of New Mexico must complete this schedule. Please refer to the instructions when completing this schedule. Include the Schedule PIT-B with your personal income tax return, Form PIT-1.

For first-year and part-year resident taxpayers, enter the period of residency. A. From _____ B. through _____

If your spouse's residency period is different, enter the period of residency for your spouse. If additional periods of residency apply, write them in the space below this line. C. From _____ D. through _____

If the taxpayer or spouse is a military servicemember's spouse qualifying for relief under the Military Spouse Residency Relief Act, is not a resident of New Mexico, and is allocating income from services performed in New Mexico to their state of residence, mark the appropriate box.
 Taxpayer E. Spouse F.

NOTE: RESIDENT TAXPAYERS INCLUDING PERSONS PHYSICALLY PRESENT 185 DAYS OR MORE IN NEW MEXICO MUST ALLOCATE ALL INCOME AND DEDUCTIONS ON LINES 1, 2, 3, AND 7 IN FULL TO NEW MEXICO.

ALLOCATION OF NONBUSINESS INCOME

	Column 1 Total Federal Income	Column 2 New Mexico Income
1. Wages, salaries, tips, etc. If non-resident military personnel, see PIT-B instructions..... 1a. If you used Form PIT-110 to calculate line 1, Column 2, mark this box..... 1a <input type="checkbox"/>	75,684	325
2. Interest and dividends. Include difference from Schedule PIT-ADJ, line 1 minus line 6.....	1	0
3. Pensions, annuities, social security, and lump-sum distributions		
4. Rents and royalties.....	-5,300	0
5. Gains or losses from the sale or exchange of property	-3,000	0
6. Income or losses from pass-through entities.....		
7. All other income not included in lines 1 through 6 and line 8		

APPORTIONMENT OF BUSINESS AND FARM INCOME (For line 8. If none, go to line 9.)

8. Business and farm income. To determine the amount for Column 2, complete worksheet PIT-B, page 2. See the instructions.....		
9. ADD lines 1 through 8 and enter the amount here.....	67,385	325
10. Federal adjustments to income. In Column 1, enter the figure from federal Schedule 1, line 22. For Column 2, see the PIT-B instructions.....		
11. Total income. Line 9 minus line 10. Column 1 must be equal to or greater than Federal Adjusted Gross Income (Form PIT-1, line 9) If non-resident military personnel, see the PIT-B instructions.	67,385	325
12. DIVIDE the amount on line 11, Column 2 by the amount on line 11, Column 1, showing 4 decimal places. (Cannot be less than zero. If greater than 1, enter 100.0000.).....		0.4823 %
13. Using the tax rate tables, find the tax applicable to PIT-1, line 17. If an amount for tax on lump-sum distributions is shown on PIT-1, line 19, add it to the tax and enter the result here.....		2,413
14. MULTIPLY line 12 by line 13. Enter the amount here and on PIT-1, line 18, and then in the box on PIT-1, line 18a, mark B to indicate the tax came from PIT-B.....		12



Oklahoma Individual Income Tax Declaration for Electronic Filing

**2020
Form 511EF**

NOTE: Do not mail Oklahoma Tax Return - Form 511 or Form 511NR.

See instructions on Page 2 to determine if you are required to send Form 511EF to the OTC.

Your first name and middle initial PRASHANTH REDDY	Last name BOLLA	Your social security number 3 8 0 5 1 0 9 8 3	
If a joint return, spouse's first name and middle initial	Last name	Spouse's social security number	
Mailing address (number and street, including apartment number, rural route or PO Box) 3220 SAN MARINO DRIVE		Filing status <input type="text" value="1"/>	
City, State, ZIP ODESSA TX 79765		Total number of exemptions <input type="text" value="1"/>	

Part One - Tax Return Information (whole dollars only)

1	Oklahoma Adjusted Gross Income (511, Line 7) or Adjusted Gross Income: All Sources (511NR, Line 7)	1		67385	00
2	Oklahoma Income Tax and Use Tax (511, Line 22 or 511NR, Line 26)	2		19	00
3	Oklahoma Income Tax Payments and Credits (511, Line 33 or 511NR, Line 34)	3		3	00
4	Refund (511, Line 38 or 511NR, Line 39)	4		0	00
5	Balance Due (511, Line 43 or 511NR, Line 44)	5		16	00

For a balance due return with an electronic payment complete line 6b below. The due date for an electronic payment is April 20th. For a balance due return with a non-electronic payment enclose a payment with the 511-V and submit on or before the due date of April 15th. If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely. If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

Part Two - Declaration of Taxpayer

6a I consent that my refund be directly deposited as designated in the electronic portion of my 2020 Oklahoma 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 authorize the Oklahoma State 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 Oklahoma taxes owed on this return and/or a payment of estimated tax. 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 Oklahoma Tax Commission (OTC) does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

Under penalties of perjury, I declare I have compared the information contained on my return, with information I have provided to my Electronic Return Originator (ERO), and the amounts described in Part One above, agree with the amounts shown on the corresponding lines of my 2020 Oklahoma income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent that my return, including this declaration and accompanying schedules and statements, be sent to the OTC by my ERO.

In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the Oklahoma Tax Commission of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Sign Here: _____
Your Signature Date Spouse's Signature (If joint return, both must sign) Date

Part Three - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare I have reviewed the above taxpayer's return and the entries on Form 511EF are complete and correct to the best of my knowledge. (EROs who are collectors are not responsible for reviewing the taxpayer's return; however, they must ensure Form 511EF accurately reflects the data on the return.) I have obtained the taxpayer's signature on Form 511EF and I have provided the taxpayer with a copy of all forms and information to be filed with the OTC, and have followed all other requirements described in Pub. 1345, Handbook for Electronic Filers of Individual Income Tax Returns (Tax Year 2020). If I am also a Paid Preparer, under penalties of perjury I declare I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO Use Only	03/22/2021	
ERO or Paid Preparer's Signature	Date	PTIN
Paid Preparer Use Only	03/22/2021	P02082703
Paid Preparer Signature	Date	PTIN
Firm name (or yours if self-employed), SYAM PRIYA RAM SAGAR GUPTA TALLAM		
address and ZIP 2530 PEBBLE CREEK LN CUMMING GA 30041		
Phone number (<u>678</u>) <u>965-9522</u>		

State of Oklahoma Individual Income Tax Payment Voucher Instructions

What is Form 511-V and Do You Have to Use It?

If you have already filed your return, either electronically or by paper, send this voucher with your check or money order for any balance due on your 2020 Form 511 or 511NR. Using Form 511-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 511-V, but there is no penalty if you do not.

*** Due Date**

Generally, your Oklahoma income tax is due April 15th. However:

- If you electronically file your return and pay electronically, your due date is extended until April 20th. Log on to **tax.ok.gov** and visit the “**Online Services**” link to make a payment electronically.
- If the Internal Revenue Code (IRC) of the IRS provides for a later due date, your payment may be made by the later due date and will be considered timely.
- If the due date falls on a weekend or legal holiday when OTC offices are closed, your payment is due the next business day.

How To Prepare Your Payment

- Remit only one check or money order per voucher.
- Make your check or money order payable to the “Oklahoma Tax Commission”. Do not send cash.
- Make sure your name and address appear on your check or money order.

How To Send In Your 2020 Tax Payment, and Form 511-V

- Cut Form 511-V along the dotted line and submit the bottom portion of the Individual Income Tax Payment Voucher.
- Do not staple or otherwise attach your payment to Form 511-V. Instead, just put them loose in the envelope.
- **Do not include a copy of your income tax return.** To use this form, your income tax return (either paper or electronic) should already be filed with the Oklahoma Tax Commission.
- Mail your 2020 tax payment and Form 511-V to:

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

● Do not fold, staple, or paper clip **Detach Here and Return Voucher with Payment** ● Do not tear or cut below line

#1555#

ITI-I
**State of Oklahoma
Individual Income Tax Payment Voucher**

FORM **511-V** 2020



Reporting Period 01-01-2020 to 12-31-2020	Due Date* (Penalty and interest may be assessed if payment is not sent by the due date) 04-15-2021
---	---

Your first name, middle initial and last name PRASHANTH REDDY BOLLA
If joint return, spouse's first name, middle initial and last name
Mailing address (number and street, including apartment number, rural route or PO Box) 3220 SAN MARINO DRIVE
City, State, ZIP ODESSA TX 79765

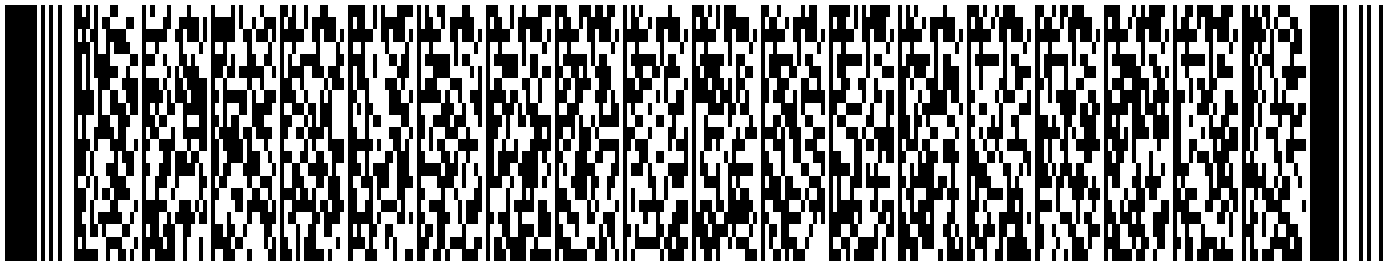
Your Social Security Number (if filing a joint return, enter the SSN shown first on your return) 380-51-0983
Spouse's Social Security Number (if filing a joint return)
Daytime phone number (optional)

Do **not** enclose a copy of your Oklahoma tax return.

Oklahoma Tax Commission
PO Box 26890
Oklahoma City, OK 73126-0890

Balance Due	\$	16
Amount of Payment	\$	

**FAILURE TO SUBMIT THIS PAGE
WILL DELAY PROCESSING OF YOUR RETURN**





Oklahoma Nonresident/Part-Year Income Tax Return

Your Social Security Number Place an 'X' in this box if this taxpayer is deceased

Spouse's Social Security Number (joint return only) Place an 'X' in this box if this taxpayer is deceased

AMENDED RETURN!
Place an 'X' in this box if this is an amended 511NR. See Schedule 511NR-H.

Name and Address Please Print or Type

Your first name Middle initial Last name
PRASHANTH REDDY BOLLA

If a joint return, spouse's first name Middle initial Last name

Mailing address (number and street, including apartment number, rural route or PO Box)
3220 SAN MARINO DRIVE

City State ZIP
ODESSA TX 79765

Not Required to File

Place an 'X' in this box if you are a nonresident whose gross income from Oklahoma sources is less than \$1,000. (see instructions)

Filing Status

1 Single

2 Married filing joint return (even if only one had income)

3 Married filing separate
• If spouse is also filing, list Name: _____
name and SSN in the boxes: SSN: _____

4 Head of household with qualifying person

5 Qualifying widow(er) with dependent child
• Please list the year spouse died in box at right: _____

* Note: If claiming Special Exemption, see instructions on page 10 of 511NR Packet.

Exemptions	Regular	* Special	Blind	=	1	(a)			
	1	+					=	0	(b)
	0	+							
Number of dependents				=	1	(c)			
Add the Totals from boxes (a), (b) and (c). Enter the TOTAL here:				=	1				

Note: If you may be claimed as a dependent on another return, enter "0" in the Total box for your regular exemption.

Residency Status

Nonresident(s) State of Residence: TX

Part-Year Resident(s) From _____ to _____

Resident/Part-Year Resident/Nonresident
State of Residence: Yourself _____ Spouse _____

Age 65 or Older? (Please see instructions) Yourself Spouse

Complete Schedule 511NR-1 "Income Allocation for Nonresidents and Part-Year Residents" to arrive at Oklahoma Source Income (line 1) and Federal adjusted gross income (line 2).

		Please Round to Nearest Whole Dollar	
		Federal Amount	Oklahoma Amount
1	Oklahoma source income (Schedule 511NR-1, line 18)		455 00
2	Federal adjusted gross income (Schedule 511NR-1, line 19)	67385 00	
3	Oklahoma additions: Schedule 511NR-A, line 8	00	00
4	Add lines (Federal 2 and 3) and then (Oklahoma 1 and 3)	67385 00	455 00
5	Oklahoma subtractions: Schedule 511NR-B, line 17	00	00
6	Adjusted gross income: Oklahoma Source (line 4 minus line 5)		455 00
7	Adjusted gross income: All Sources (line 4 minus line 5) Also enter on line 8.	67385 00	
8	Adjusted gross income: All Sources (from line 7)		67385 00
9	Oklahoma Adjustments (Schedule 511NR-C, line 7)		00
10	Income after adjustments (line 8 minus line 9)		67385 00
11	Oklahoma itemized deductions (Schedule 511NR-D, line 11) or Oklahoma standard deduction (Single or Married Filing Separate: \$6,350 • Married Filing Joint or Qualifying Widow(er): \$12,700 • Head of Household: \$9,350) ..		6350 00
12	Exemptions: Enter the total number of exemptions claimed above <input type="text" value="1"/> X \$1,000		1000 00
13	Total deductions and exemptions (add lines 11 and 12)		7350 00
14	Oklahoma Taxable Income: (line 10 minus line 13)		60035 00
15	(a) Oklahoma Income Tax from Tax Table or if using Farm Income Averaging, enter tax from Form 573, line 22 and enter a "1" in box on line 15	2813 00	
15a	(b) If paying the Health Savings Account additional 10% tax, add additional tax here and enter a "2" in box on line 15	00	
15b	Oklahoma Income Tax (line 15a plus line 15b)		2813 00
16	Oklahoma child care/child tax credit (see instructions)		00
17	Subtract line 16 from line 15 (This is your tax base) (Do not enter less than zero)		2813 00

STOP AND READ: If line 7 is equal to or larger than line 2, complete line 16. If line 7 is smaller than line 2, see Schedule 511NR-E.



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 2

Name(s) shown on Form 511NR: PRASHANTH REDDY BOLLA

Your Social Security Number: 380510983

Table with 36 rows for tax calculations. Line 18: Amount from line 17 on page 1 (2813 00). Line 19: Tax percentage (0.6752 %). Line 20: Oklahoma Income Tax (19 00). Line 21: Oklahoma earned income credit (00). Line 22: Credit for taxes paid to another state (00). Line 23: Form 511CR - Other Credits (00). Line 24: Line 20 minus lines 21, 22 and 23 (19 00). Line 25: Use tax due on Internet, mail order, or other out-of-state purchases (00). Line 26: Balance (19 00). Line 27: Oklahoma withholding (3 00). Line 28: 2020 Oklahoma estimated tax payments (00). Line 29: 2020 payment with extension (00). Line 30: Credits from Form (00). Line 31: Amount paid with original return plus additional paid (00). Line 32: Payments and credits (3 00). Line 33: Overpayment, if any (00). Line 34: Total payments and credits (3 00). Line 35: If line 34 is more than line 26, subtract line 26 from line 34 (0 00). Line 36: Amount of line 35 to be applied to 2021 estimated tax (00). Line 37: Donations from your refund (00). Line 38: Total deductions from refund (00). Line 39: Amount to be refunded (0 00).

Schedule 511NR-G provides you with the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from Schedule 511NR-G in the box. If you give to more than one organization, put a "99" in the box. Provide Schedule 511NR-G

Table with 3 rows for refund information. Line 37: Donations from your refund (00). Line 38: Total deductions from refund (00). Line 39: Amount to be refunded (0 00).

Direct Deposit Note: Verify your account and routing numbers are correct. If your direct deposit fails to process or you do not choose direct deposit, you will receive a debit card. See the 511NR Packet for direct deposit and debit card information.

Is this refund going to or through an account that is located outside of the United States? Yes No. Deposit my refund in my: Checking Account Savings Account. Routing Number: Account Number:

Table with 5 rows for tax due and donations. Line 40: If line 26 is more than line 34, subtract line 34 from line 26 (16 00). Line 41: a) Donation: Support the Oklahoma General Revenue Fund (00). Line 41: b) Donation: Public School Classroom Support Fund (00). Line 42: Underpayment of estimated tax interest (00). Line 43: For delinquent payment add penalty of 5% plus interest of 1.25% per month (00). Line 44: Total tax, donation, penalty and interest (16 00).

Under penalty of perjury, I declare the information contained in this document, and all attachments and schedules, is true and correct to the best of my knowledge and belief.

Place an 'X' in this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Taxpayer's signature, Date, Taxpayer's occupation (SOFTWARE ENGINEER), Daytime Phone Number (optional).

Spouse's signature, Date, Spouse's occupation.

Paid Preparer's signature, Date (03/22/2021), Paid Preparer's address and phone number (2530 PEBBLE CREEK LN CUMMING GA 30041), Paid Preparer's PTIN (P02082703).

A COPY OF FEDERAL RETURN MUST BE PROVIDED.

Please remit to: Oklahoma Tax Commission, P.O. Box 269045, Oklahoma City, OK 73126-9045



Note: Provide this page with your return.

Name(s) shown on Form 511NR: PRASHANTH REDDY BOLLA

Your Social Security Number: 380-51-0983

Schedule 511NR-1: Income Allocation for Nonresidents and Part-Year Residents

Lines 1-19: In the Federal column, enter the amounts from your Federal tax return. See the instructions to figure the amounts to report in the Oklahoma column.

		Federal Amount		Oklahoma Amount
1	Wages, salaries, tips, etc.....	75684	00	1 455 00
2	Taxable interest income.....		00	2 00
3	Dividend income.....	1	00	3 0 00
4	Taxable IRA distribution.....		00	4 00
5	Taxable pensions and annuities.....		00	5 00
6	Taxable Social Security benefits (also enter on line 2 of Sch. 511NR-B)...		00	6 00
7	Capital gains or losses (Federal Schedule D).....	-3000	00	7 00
8	Taxable refunds (state income tax).....		00	8 00
9	Alimony received.....		00	9 00
10	Business income or (loss) (Federal Schedule C).....		00	10 00
11	Other gains or losses (Federal Form 4797).....		00	11 00
12	Rental real estate, royalties, partnerships, etc.....	-5300	00	12 0 00
13	Farm income or (loss).....		00	13 00
14	Unemployment compensation.....		00	14 00
15	Other income (identify: _____)		00	15 00
16	Add lines 1 through 15.....	67385	00	16 455 00
17	Total Federal adjustments to income (identify: _____)		00	17 00
18	Oklahoma source income (line 16 minus line 17) Enter here and on page 1, line 1.....			18 455 00
19	Federal adjusted gross income (line 16 minus line 17) Enter here and on page 1, line 2.....	67385	00	19

Schedule 511NR-A: Oklahoma Additions See instructions for details on qualifications and required documents.

		Federal Amount		Oklahoma Amount
1	State and municipal bond interest.....		00	1 00
2	Lump sum distributions (not included in your Federal AGI).....		00	2 00
3	Federal net operating loss.....		00	3 00
4	Recapture depletion claimed on a lease bonus or add back of excess Federal depletion.....		00	4 00
5	Recapture of contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s).....		00	5 00
6	Oklahoma loss distributed by an electing PTE.....		00	6 00
7	Miscellaneous: Other additions (enter number in box for the type of addition <input style="width: 20px; height: 15px;" type="text"/>).....		00	7 00
8	Total additions (add lines 1-7, enter total here and on line 3 of Form 511NR).....		00	8 00



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 4
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: PRASHANTH REDDY BOLLA

Your Social Security Number: 380-51-0983

Schedule 511NR-B: Oklahoma Subtractions See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows include Interest on U.S. government obligations, Taxable Social Security, Federal civil service retirement, Military Retirement, Oklahoma government or Federal civil service retirement, Other retirement income, U.S. Railroad Retirement Board Benefits, Additional depletion, Oklahoma net operating loss, Exempt tribal income, Gains from the sale of exempt government obligations, Nonresident military wages, Oklahoma Capital Gain Deduction, Income Tax Refund, Oklahoma income distributed by an electing PTE, Miscellaneous: Other subtractions, Total subtractions.

Schedule 511NR-C: Oklahoma Adjustments See instructions for details on qualifications and required documents.

Table with columns: Federal Amount, Oklahoma Amount. Rows include Military pay exclusion - Active Duty, Reserve and National Guard, Qualifying disability deduction, Qualified adoption expense, Contributions to Oklahoma 529 College Savings Plan and OklahomaDream 529 Account(s), Deductions for providing foster care, Miscellaneous: Other adjustments, Total Adjustments.



Note: Provide this page **ONLY** if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: PRASHANTH REDDY BOLLA

Your Social Security Number: 380-51-0983

Schedule 511NR-D: Oklahoma Itemized Deductions

If you claimed itemized deductions on your Federal return, you must claim Oklahoma Itemized Deductions.

1	Federal itemized deductions from Federal Sch. A, line 17	1		00
2	State and local sales or income taxes from Federal Sch. A, line 5a (If Federal Sch A, line 5e is limited, enter that portion of Federal Sch A, line 5a included in line 5e)	2		00
3	Line 1 minus line 2	3		00
4	Medical and Dental expenses from Federal Sch. A, line 4	4		00
5	Gifts to Charity from Federal Sch. A, line 14	5		00
6	Line 3 minus lines 4 and 5	6		00
7	Is line 6 more than \$17,000? <input type="checkbox"/> YES. Your itemized deductions are limited. Complete lines 9-11. <input type="checkbox"/> NO. Your itemized deductions are not limited. Skip lines 9 & 10. Go to line 11.			
8	Maximum amount allowed for itemized deductions. (exception, lines 9 & 10)	8	17,000	00
9	Medical and Dental expenses from Federal Sch. A, line 4	9		00
10	Gifts to Charity from Federal Sch. A, line 14	10		00
11	Oklahoma Itemized Deductions If you responded YES on line 7: Add lines 8, 9 and 10 If you responded NO on line 7: enter the amount from line 3	11		00

Enter your Oklahoma Itemized Deductions on line 11 of Form 511NR.

Schedule 511NR-E: Child Care/Child Tax Credit See instructions for details on qualifications and required documents.

If your Federal Adjusted Gross Income is \$100,000 or less and you are allowed either a credit for child care expenses or the child tax credit on your Federal return, then as a resident, part-year resident or nonresident military, you are allowed a credit against your Oklahoma tax. Your Oklahoma credit is the **greater** of:

- 20% of the credit for child care expenses allowed by the IRS Code. Your allowed Federal credit cannot exceed the amount of your Federal tax reported on your Federal return, **OR**
- 5% of the child tax credit allowed by the IRS Code. This includes both the nonrefundable child tax credit and the refundable additional child tax credit.

The credit must be prorated based on the ratio of Adjusted Gross Income: All sources to Federal Adjusted Gross Income. If your Federal Adjusted Gross Income is greater than \$100,000, no credit is allowed. Provide a copy of your Federal return and, if applicable, the Federal child care credit schedule.

1	Enter your Federal child care credit	1		00
2	Multiply line 1 by 20%	2		00
3	Enter your Federal child tax credit (total of child tax credit & additional child tax credit)	3		00
4	Multiply line 3 by 5%	4		00
5	Enter the larger of line 2 or line 4	5		00
6	Divide the amount on line 7 of Form 511NR by the amount on line 2 of Form 511NR <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 150px; height: 30px; margin-right: 10px;"></div> <div style="font-size: 2em; margin: 0 10px;">÷</div> <div style="border: 1px solid black; width: 150px; height: 30px; margin-left: 10px;"></div> </div> Enter the percentage from the above calculation here (do not enter more than 100%)	6		%
7	Multiply line 5 by line 6. This is your Oklahoma child care/child tax credit. Enter total here and on line 16 of Form 511NR	7		00



2020 Form 511NR - Nonresident/Part-Year Income Tax Return - Page 6
Note: Provide this page ONLY if you have an amount shown on a schedule.

Name(s) shown on Form 511NR: PRASHANTH REDDY BOLLA

Your Social Security Number: 380-51-0983

Schedule 511NR-F: Earned Income Credit

See instructions for details on qualifications and required documents.

Residents and part-year residents are allowed a credit equal to 5% of the Earned Income Credit allowed on the Federal return. The credit must be prorated on the ratio of Oklahoma source AGI to Federal AGI. Provide a copy of your Federal return.

Nonresidents do not qualify.

Form with 4 lines for Earned Income Credit calculation. Line 1: Federal earned income credit. Line 2: Multiply line 1 by 5%. Line 3: Proration calculation. Line 4: Oklahoma earned income credit.

Schedule 511NR-G: Donations from Refund (Original return only)

This schedule allows you to make a donation from your refund to a variety of Oklahoma organizations. Information regarding each program, its mission, how funds are utilized and mailing addresses are shown in Schedule 511NR-G Information on page 28 of the 511NR Packet.

Place an 'X' in the box associated with the dollar amount you wish to have deducted from your refund and donated to that organization. Then carry that figure over into the column at the right.

Table with 12 rows listing various Oklahoma organizations and their donation amounts. Columns include organization name, \$2, \$5, and other amounts, and a final column for the total amount.

Schedule 511NR-H: Amended Return Information

Did you file an amended Federal return? Yes [] No []

If Yes, provide a copy of the IRS Form 1040X or 1045 AND proof of IRS acceptance, such as a copy of the IRS "Statement of Adjustment," IRS check or deposit slip.

Explain the changes to income, deductions, and/or credits below. Enter the line reference number for which you are reporting a change and give the reason.