

**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 SATISH KUMAR	Last name BEZAWADA	Your social security number 841-31-0020
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. 450 NORMANDY ST		Apt. no. 605	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. HOUSTON	State TX	ZIP code 77015	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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"/>

Attach Sch. B if required.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	92,697.
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	1.
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	-3,000.
	<b>8</b> Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-9,490.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	80,208.
	<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>	80,208.
	<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>	67,808.

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

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	10,712.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	10,712.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	10,712.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	10,712.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	16,052.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	16,052.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <span style="float:right">No</span>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	16,052.

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

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	5,340.																				
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	5,340.																				
<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings										
X	X	X	X	X	X	X	X	X	X														
<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>																					

**Amount You Owe**

For details on how to pay, see instructions.

<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

**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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
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.) <input type="text"/>
Phone no.	Email address		

**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	03/11/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	30-1017196

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

841-31-0020 BEZA
SATISHKUMAR BEZAWADA

20

450 NORMANDY ST
HOUSTON TX 77015

APT 605

01-27-1993

Filing Status section with checkboxes for Single, Married/RDP filing jointly, Married/RDP filing separately, Head of household, and Qualifying widow(er).

Section 6: If someone can claim you (or your spouse/RDP) as a dependent, check the box here.

Exemptions section 7-9: Personal, Blind, Senior. Includes dollar amounts and checkboxes for \$124 exemptions.

Exemptions section 10: Dependents. Includes fields for First Name, Last Name, SSN, and relationship for three dependents.

Total dependent exemptions line with a checkbox and dollar amount field.

Your name:  Your SSN or ITIN:

**11 Exemption amount:** Add line 7 through line 10 .....  **11 \$**

**Total Taxable Income**

**12** Total California wages from your federal Form(s) W-2, box 16 .....  **12**

**13** Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 .....  **13**

**14** California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B .....  **14**

**15** Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions .....  **15**

**16** California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C .....  **16**

**17** Adjusted gross income from all sources. Combine line 15 and line 16 .....  **17**

**18** Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), Part III, line 30; **OR** Your California **standard deduction**. See instructions .....  **18**

**19** Subtract line 18 from line 17. This is your **total taxable income**. If less than zero, enter -0- .....  **19**

**CA Taxable Income**

**31** Tax. Check the box if from:  Tax Table  Tax Rate Schedule

**31**

**32** CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. ....  **32**

**35** CA Taxable Income from Schedule CA (540NR), Part IV, line 5. ....  **35**

**36** CA Tax Rate. Divide line 31 by line 19. ....  **36**

**37** CA Tax Before Exemption Credits. Multiply line 35 by line 36. ....  **37**

**38** CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. ....  **38**

**39** CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions .....  **39**

**40** CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-...  **40**

**41** Tax. See instructions. Check the box if from:  Schedule G-1  FTB 5870A .....  **41**

**42** Add line 40 and line 41 .....  **42**

**Special Credits**

**50** Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. ....  **50**

**51** Credit for joint custody head of household. See instructions .....  **51**

**52** Credit for dependent parent. See instructions. ....  **52**

**53** Credit for senior head of household. See instructions. ....  **53**

**54** Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions .....  **54**

**55** Credit amount. See instructions .....  **55**

Your name:  Your SSN or ITIN:

Special Credits continued

- 58 Enter credit name  code  and amount...  .00
- 59 Enter credit name  code  and amount...  .00
- 60 To claim more than two credits. See instructions.  .00
- 61 Nonrefundable Renter's Credit. See instructions  .00
- 62 Add line 50 and line 55 through 61. These are your total credits  62  .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0-  63  .00

Other Taxes

- 71 Alternative Minimum Tax. Attach Schedule P (540NR)  71  .00
- 72 Mental Health Services Tax. See instructions  72  .00
- 73 Other taxes and credit recapture. See instructions  73  .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions  74  .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax  75  .00

Payments

- 81 California income tax withheld. See instructions  81  .00
- 82 2020 CA estimated tax and other payments. See instructions  82  .00
- 83 Withholding (Form 592-B and/or 593). See instructions  83  .00
- 84 Excess SDI (or VPMI) withheld. See instructions  84  .00
- 85 Earned Income Tax Credit (EITC)  85  .00
- 86 Young Child Tax Credit (YCTC). See instructions  86  .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions  87  .00
- 88 Add line 81 through line 87. These are your total payments. See instructions  88  .00

ISR Penalty

- 91 Individual Shared Responsibility (ISR) Penalty. See instructions  91  .00
- Full-year health care coverage.

Overpaid Tax/Tax Due

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88.  92  .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91.  93  .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92.  101  .00
- 102 Amount of line 101 you want applied to your 2021 estimated tax  102  .00

Your name:

Your SSN or ITIN:

**103** Overpaid tax available this year. Subtract line 102 from line 101 ..... ● **103**  .00

**104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ..... ● **104**  .00

		<u>Code</u>	<u>Amount</u>	
<b>Contributions</b>	California Seniors Special Fund. See instructions . . . . .	● 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund . . . . .	● 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program . . . . .	● 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund . . . . .	● 405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund . . . . .	● 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund . . . . .	● 408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund . . . . .	● 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund . . . . .	● 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund . . . . .	● 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase . . . . .	● 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund . . . . .	● 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund . . . . .	● 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund . . . . .	● 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund . . . . .	● 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . . .	● 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund . . . . .	● 440	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund . . . . .	● 443	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund . . . . .	● 444	<input type="text"/>	.00	
<b>120</b> Add code 400 through code 444. This is your total contribution . . . . .	● <b>120</b>	<input type="text"/>	.00	

Your name:  Your SSN or ITIN:

**Amount You Owe** **121 AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● **121**    
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** **122** Interest, late return penalties, and late payment penalties. . . . . **122**    
**123** Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● **123**    
**124** Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **124**

**Refund and Direct Deposit** **125 REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **125**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.  
All or the following amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking ● Account number  ● **126** Direct deposit amount   
 Savings

The remaining amount of my refund (line 125) is authorized for direct deposit into the account shown below:

● Routing number  ● Type  Checking ● Account number  ● **127** Direct deposit amount   
 Savings

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

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

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

**Sign Here**

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? (See instructions)

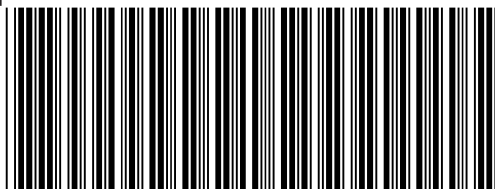
Your email address. Enter only one email address.   
 Preferred phone number

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)  ● PTIN   
Firm's address  ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ●  Yes  No

Print Third Party Designee's Name  Telephone Number



# 2020 Form 1-NR/PY

MA20006011555

## Massachusetts Nonresident/Part-Year Resident Income Tax Return

For the year January 1–December 31, 2020 or other taxable

Year beginning Ending

SATISH KUMAR

BEZAWADA

841310020

450 NORMANDY ST

HOUSTON

TX 77015

Fill in if:  Original return  Amended return  Amended return due to federal change

Apt. no. 605

### State Election Campaign Fund:

\$1 You \$1 Spouse TOTAL

Fill in if veteran of U.S. armed forces who served in Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula

You Spouse

Taxpayer deceased

You Spouse

Fill in if under age 18

You Spouse

Check one:  Nonresident

Filing as both nonresident and part-year resident

Name changed since 2019

Part-year resident

Nonresident composite

Fill in if noncustodial parent

a. Total federal income

83408

b. Federal adjusted gross income

83408

1. Filing status (select one only):

Single

Fill in if filing Schedule TDS

Married filing jointly

Married filing separate return

Head of household

You are a custodial parent who has released claim to exemption for child(ren)

2. Part-year residents. Enter dates as Massachusetts resident: From

To

3. Total days as Massachusetts resident

+ 365 =

3

**SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.**

Your signature

Date

Spouse's signature

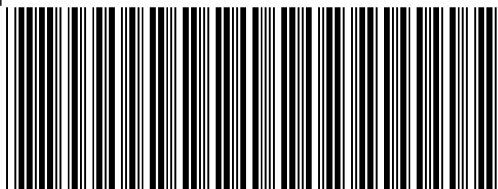
Date

832-329-1812

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

DO NOT MAIL





# 2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

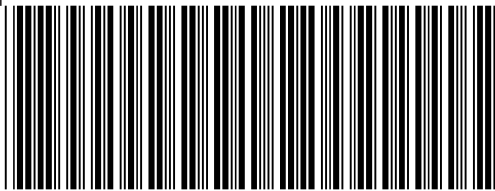
Part-Year Resident Income Tax Return

841310020

## 4. Exemptions:

a. Personal exemptions		<b>4a</b>	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		$\times \$1,000 =$ <b>4b</b>	
c. Age 65 or over before 2021	You + Spouse =	$\times \$700 =$ <b>4c</b>	
d. Blindness	You + Spouse =	$\times \$2,200 =$ <b>4d</b>	
e. Medical/dental		<b>4e</b>	
f. Adoption		<b>4f</b>	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		<b>4g</b>	4400
5. Wages, salaries, tips		<b>5</b>	54049
6. Taxable pensions and annuities		<b>6</b>	
7. Mass. bank interest: a.	- b. exemption	<b>= 7</b>	
8. Business/profession income/loss a.	+ b. Farming income/loss	<b>= 8</b>	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		<b>9</b>	-6350
10a. Unemployment		<b>10a</b>	
10b. Mass. lottery winnings		<b>10b</b>	
11. Other income		<b>11</b>	
12. <b>TOTAL 5.0% INCOME</b>		<b>12</b>	47699
<b>13. NONRESIDENT APPORTIONMENT WORKSHEET.</b> You cannot apportion Mass. wages as shown on Form W-2. Do not use this worksheet if you know the exact amount of your Mass. source income. Only use when income from employment/business is earned both inside and outside Mass. and the exact Mass. amount is not known. Basis:			
	working days	miles	sales
	other:		
Working days (or other basis) outside Massachusetts		<b>13a</b>	
Working days (or other basis) inside Massachusetts		<b>13b</b>	
Total working days		<b>13c</b>	
Nonworking days (holidays, weekends, etc.)		<b>13d</b>	
Massachusetts ratio		<b>13e</b>	
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2		<b>13f</b>	
Massachusetts income		<b>13g</b>	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form 1-NR/PY, pg. 3**

MA20006031555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

SATISH KUMAR

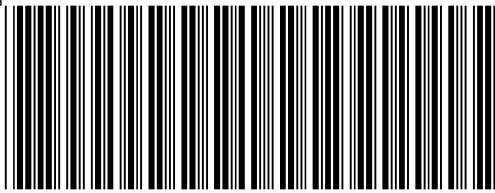
BEZAWADA

841310020

**14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO**

a. Total 5.0% income	<b>14a</b>	47699
b. Interest income	<b>14b</b>	
c. Total capital gain income	<b>14c</b>	535
d. Total income this return	<b>14d</b>	48234
e. Non-Massachusetts source income. <b>Not less than "0"</b>	<b>14e</b>	38709
f. Total income	<b>14f</b>	86943
g. Deduction and exemption ratio	<b>14g</b>	0.5548
<b>15a.</b> Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	<b>15a</b>	2000
<b>15b.</b> Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	<b>15b</b>	
<b>16.</b> Child under age 13, or disabled dependent/spouse care expenses	<b>16</b>	
<b>17.</b> Number of dependent member(s) of household under age 12, or dependents age 65 or over (not you or your spouse) as of 12/31/20, or disabled dependent(s) <b>Not more than two.</b> a.                    x \$3,600 = b.                    Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g	<b>17</b>	
<b>18.</b> Rental deduction. a. Nonresidents, fill in if during 2020 you did not have a family home or any dwelling outside Massachusetts to which you generally or customarily returned or intend to return in the future	<b>÷ 2 = 18</b>	
<b>19.</b> Other deductions from Schedule Y, line 19	<b>19</b>	
<b>20. Total deductions.</b> Add lines 15 through 19	<b>20</b>	2000
<b>21. 5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 20 from line 12. <b>Not less than "0"</b>	<b>21</b>	45699
<b>22.</b> Exemption amount. a.                    4400	<b>22</b>	2441
<b>23. 5.0% INCOME AFTER DEDUCTIONS.</b> Subtract line 22 from line 21. <b>Not less than "0"</b>	<b>23</b>	43258
<b>24. INTEREST AND DIVIDEND INCOME</b>	<b>24</b>	
<b>25. TOTAL TAXABLE 5.0% INCOME.</b> Add lines 23 and 24	<b>25</b>	43258
<b>26. TAX ON 5.0% INCOME. Note:</b> If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585	<b>26</b>	2163

**BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1**



**2020 Form 1-NR/PY, pg. 4**

MA20006041555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

841310020

27. 12% INCOME. Not less than "0." a.	x .12 = 27	
28. TAX ON LONG-TERM CAPITAL GAINS. Not less than "0." Fill in if filing Schedule D-IS Fill in if any excess exemptions were used in calculating lines 24, 27 or 28	28	
29. Credit recapture amount (from Credit Recapture Schedule)	29	
30. Additional tax on installment sale	30	
31. If you qualify for No Tax Status, fill in and enter "0" on line 32		
32. TOTAL INCOME TAX. Add lines 26 through 30.	32	2163
33. Limited Income Credit	33	
34. Income tax due to another state or jurisdiction	34	
35. Other credits (from Credit Manager Schedule)	35	
36. INCOME TAX AFTER CREDITS. Subtract the total of lines 33 through 35 from line 32. Not less than "0"	36	2163
37. Voluntary Contributions		
a. Endangered Wildlife Conservation	37a	
b. Organ Transplant Fund	37b	
c. Massachusetts Public Health HIV and Hepatitis Fund	37c	
d. Massachusetts U.S. Olympic Fund	37d	
e. Massachusetts Military Family Relief Fund	37e	
f. Homeless Animal Prevention and Care	37f	
Total. Add lines 37a through 37f	37	
38. Use tax due on Internet, mail order and other out-of-state purchases	38	
39. Health care penalty a. You + b. Spouse	39	
40. Amended return only. Overpayment from original return	40	
41. INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX. Add lines 36 through 40	41	2163

BE SURE TO INCLUDE THIS PAGE WITH FORM 1-NR/PY, PAGE 1



**2020 Form OR-40-P**

Page 1 of 5, 150-101-055  
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00612001011555

Office use only	

**Oregon Individual Income Tax Return for Part-year Residents**

Submit original form—do not submit photocopy

Fiscal year ending:

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

Oregon resident: From:  To:



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

First name	Initial	Last name	<input type="checkbox"/> Deceased	Social Security no. (SSN)	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
SATISH KUMAR		BEZAWADA		841-31-0020		

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

Current mailing address				Date of birth (mm/dd/yyyy)	Spouse's date of birth
450 NORMANDY ST APT 605				01/27/1993	
City	State	ZIP code	Country	Phone	
HOUSTON	TX	77015	USA	(832) 329-1812	

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

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

**Exemptions**

- |                           |   |  |       |   |
|---------------------------|---|--|-------|---|
| 6a. Credits for yourself: | <input checked="" type="checkbox"/> Regular   | <input type="checkbox"/> Severely disabled ..... 6a. | Total | 1 |
|                           | <input type="checkbox"/> Check box if someone else can claim you as a dependent         |  |       |   |
| 6b. Credits for spouse:   | <input type="checkbox"/> Regular  | <input type="checkbox"/> Severely disabled ..... 6b. |       |   |
|                           | <input type="checkbox"/> Check box if someone else can claim your spouse as a dependent |  |       |   |

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

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

\*Dependent relationship code (see instructions).

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

**2020 Form OR-40-P**

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00612001021555

Name <b>SATISH KUMAR BEZAWADA</b>	SSN <b>841-31-0020</b>
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**Note: Reprint page 1 if you make changes to this page.**

**Income**

	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. <b>Include all Forms W-2</b> ..... 7F.	92,697.00	28,263.00
8. Interest income from Form 1040 or 1040-SR, line 2b ..... 8F.		
9. Dividend income from Form 1040 or 1040-SR, line 3b ..... 9F.	1.00	0.00
10. State and local income tax refunds from federal Schedule 1, line 1 ..... 10F.		
11. Alimony received from federal Schedule 1, line 2a ..... 11F.		
12. Business income or loss from federal Schedule 1, line 3 ..... 12F.		
13. Capital gain or loss from Form 1040 or 1040-SR, line 7 ..... 13F.	-3,000.00	0.00
14. Other gains or losses from federal Schedule 1, line 4 ..... 14F.		
15. IRA distributions from Form 1040 or 1040-SR, line 4b ..... 15F.		
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b ..... 16F.		
17. Schedule E income or loss from federal Schedule 1, line 5 ..... 17F.	-6,350.00	0.00
18. Farm income or loss from federal Schedule 1, line 6 ..... 18F.		
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8 ..... 19F.	60.00	0.00
20. Total income. Add lines 7 through 19 ..... 20F.	83,408.00	28,263.00

**Adjustments**

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19 ..... 21F.		21S.
22. Education deductions from federal Schedule 1, lines 10, 20 and 21 ..... 22F.		22S.
23. Moving expenses from federal Schedule 1, line 13 ..... 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 14 ..... 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 16 ..... 25F.		25S.
26. Alimony paid from federal Schedule 1, line 18a ..... 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1 ..... 27F.		27S.
28. Total adjustments. Add lines 21 through 27 ..... 28F.		28S.
29. Income after adjustments. Line 20 minus line 28 ..... 29F.	83,408.00	28,263.00

**Additions**

30. Total additions from Schedule OR-ASC-NP, section 2 ..... 30F.		30S.
31. Income after additions. Add lines 29 and 30 ..... 31F.	83,408.00	28,263.00

**Subtractions**

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F ..... 32F.		
33. Total subtractions from Schedule OR-ASC-NP, section 3 ..... 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33 ..... 34F.	83,408.00	28,263.00
35. <b>Oregon percentage</b> (see instructions: not more than 100.0%) ..... 35.	33.9 %	

2020 Form OR-40-P

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Oregon Department of Revenue



00612001031555

Name: SATISH KUMAR BEZAWADA SSN: 841-31-0020

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

Deductions and modifications

Table with 2 columns: Line number and Amount. Rows include: 36. Amount from line 34F (83,408.00), 37. Oregon itemized deductions (0.00), 38. Standard deduction (2,315.00), 39. Enter the larger of line 37 or 38 (2,315.00), 40. 2020 federal tax liability (6,950.00), 41. Total modifications from Schedule OR-ASC-NP, section 4, 42. Add lines 39, 40, and 41 (9,265.00), 43. Taxable income (74,143.00).

Oregon tax

Table with 2 columns: Line number and Amount. Rows include: 44. Tax (6,235.00), 45. Oregon income tax (2,114.00), 46. Interest on certain installment sales, 47. Total tax before credits (2,114.00).

Standard and carryforward credits

Table with 2 columns: Line number and Amount. Rows include: 48. Exemption credit (71.00), 49. Total standard credits from Schedule OR-ASC-NP, section 5, 50. Total standard credits (71.00), 51. Tax minus standard credits (2,043.00), 52. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6, 53. Tax after standard and carryforward credits (2,043.00).

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 54. Oregon income tax withheld (2,180.00), 55. Amount applied from your prior year's tax refund, 56. Estimated tax payments for 2020, 57. Tax payments from a pass-through entity, 58. Earned income credit, 59. Reserved, 60. Total refundable credits from Schedule OR-ASC-NP, section 7, 61. Total payments and refundable credits (2,180.00).

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Oregon Department of Revenue



00612001041555

Name SATISH KUMAR BEZAWADA	SSN 841-31-0020
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Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund

62. Overpayment of tax. If line 53 is less than line 61, you overpaid. Line 61 minus line 53.....	62.	137.00
63. Net tax. If line 53 is more than line 61, you have tax to pay. Line 53 minus line 61.....	63.	
64. Penalty and interest for filing or paying late (see instructions).....	64.	
65. Interest on underpayment of estimated tax. Include Form OR-10.....	65.	
Exception number from Form OR-10, line 1: 65a. Check box if you annualized: 65b. <input type="checkbox"/>		
66. Total penalty and interest due. Add lines 64 and 65 .....	66.	
67. Net tax including penalty and interest. Line 63 plus line 66..... This is the amount you owe	67.	
68. Overpayment less penalty and interest. Line 62 minus line 66..... This is your refund	68.	137.00
69. Estimated tax. Fill in the portion of line 68 you want applied to your open estimated tax account.....	69.	
70. Charitable checkoff donations from Schedule OR-DONATE, line 30.....	70.	
71. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions).....	71.	
72. Total. Add lines 69 through 71. The total can't be more than your refund on line 68.....	72.	
73. Net refund. Line 68 minus line 72..... This is your net refund	73.	137.00

Direct deposit

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

Type of account:  Checking or  Savings

Routing number:

Account number:

Reserved



