

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 MADHUKAR DONGALA	Social security number 746-46-8899
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1 Adjusted gross income	1	70,341.
2 Total tax	2	8,534.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	14,818.
4 Amount you want refunded to you	4	8,084.
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

6	8	8	9	9
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 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

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

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

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

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

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

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

Your first name and middle initial MADHUKAR	Last name DONGALA	Your social security number 746-46-8899
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. 2908 QUAIL RIDGE DR		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. PLAINSBORO	State NJ	ZIP code 08536	
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. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	78,841.
	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	4a	IRA distributions	4a	
	5a	Pensions and annuities	5a	
	6a	Social security benefits	6a	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7	
	8	Other income from Schedule 1, line 9	8	-6,250.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	72,591.
	10	Adjustments to income:		
	a	From Schedule 1, line 22	10a	2,000.
	b	Charitable contributions if you take the standard deduction. See instructions	10b	250.
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c	2,250.
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11	70,341.
	12	Standard deduction or itemized deductions (from Schedule A)	12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	57,941.	

**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
MADHUKAR DONGALA

Your social security number
746-46-8899

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	-6,250.
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	-6,250.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	2,000.
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	2,000.

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

MADHUKAR DONGALA

Your social security number

746-46-8899

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	HYD HYDERABAD IN				
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		350.		
4	Royalties received	4				
Expenses:						
5	Advertising	5				
6	Auto and travel (see instructions)	6				
7	Cleaning and maintenance	7		600.		
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		1,500.		
15	Supplies	15		1,800.		
16	Taxes	16				
17	Utilities.	17		1,800.		
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,600.		
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		-6,250.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,250.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		350.		
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		6,600.		
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	(6,250.)		
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		-6,250.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Tuition and Fees Deduction

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

Name(s) shown on return MADHUKAR DONGALA	Your social security number 746-46-8899
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Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

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

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

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name: MADHUKAR Last name: DONGALA	746-46-8899	10,550.
2	Add the amounts on line 1, column (c), and enter the total		10,550.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	72,591.	
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 		
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees		72,591.
* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.			
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input checked="" type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. <input type="checkbox"/> No. Enter the smaller of line 2, or \$4,000.		2,000.

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

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Your name: MADHUKAR DONGALA
Your SSN or ITIN: 746-46-8899
Spouse's/RDP's name:
Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) 72,591; 2 Amount You Owe; 3 Refund or No Amount Due 1,821.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 68899 as my signature on my 2020 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return.

Spouse's/RDP'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. 58727861989

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 03/02/2021

2020 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

746-46-8899 DONG
MADHUKAR DONGALA

20

2908 QUAIL RIDGE DR
PLAINSBORO NJ 08536

06-12-1991

Principal Residence

Enter your county at time of filing (see instructions)

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

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

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

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
 - 2 Married/RDP filing jointly. See inst.
 - 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
 - 4 Head of household (with qualifying person). See instructions.
 - 5 Qualifying widow(er). Enter year spouse/RDP died.
- See instructions.

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

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$124 = \$
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. 8 X \$124 = \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. 9 X \$124 = \$

Your name: Your SSN or ITIN:

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$383 = ● \$

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

12	State wages from your federal Form(s) W-2, box 16 ● 12	<input type="text" value="79876"/>	<input type="text" value="00"/>
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text" value="70341"/>	<input type="text" value="00"/>
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. ● 14	<input type="text"/>	<input type="text" value="00"/>
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ● 15	<input type="text" value="70341"/>	<input type="text" value="00"/>
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. ● 16	<input type="text" value="2250"/>	<input type="text" value="00"/>
17	California adjusted gross income. Combine line 15 and line 16. ● 17	<input type="text" value="72591"/>	<input type="text" value="00"/>
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,601 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,202 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ● 18	<input type="text" value="4601"/>	<input type="text" value="00"/>
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ● 19	<input type="text" value="67990"/>	<input type="text" value="00"/>

31	Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule		
	<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 ● 31	<input type="text" value="3453"/>	<input type="text" value="00"/>
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$203,341, see instructions. ● 32	<input type="text" value="124"/>	<input type="text" value="00"/>
33	Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text" value="3329"/>	<input type="text" value="00"/>
34	Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text"/>	<input type="text" value="00"/>
35	Add line 33 and line 34. ● 35	<input type="text" value="3329"/>	<input type="text" value="00"/>

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40	<input type="text"/>	<input type="text" value="00"/>
43	Enter credit name <input type="text" value="OTHER STATE"/> code ● <input type="text" value="187"/> and amount. . . ● 43	<input type="text" value="926"/>	<input type="text" value="00"/>
44	Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

Your name: Your SSN or ITIN:

Special Credits

45 To claim more than two credits. See instructions. Attach Schedule P (540). 45 .00

46 Nonrefundable Renter's Credit. See instructions 46 .00

47 Add line 40 through line 46. These are your total credits 47 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- 48 .00

Other Taxes

61 Alternative Minimum Tax. Attach Schedule P (540) 61 .00

62 Mental Health Services Tax. See instructions 62 .00

63 Other taxes and credit recapture. See instructions 63 .00

64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions 64 .00

65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax 65 .00

Payments

71 California income tax withheld. See instructions 71 .00

72 2020 CA estimated tax and other payments. See instructions 72 .00

73 Withholding (Form 592-B and/or 593). See instructions 73 .00

74 Excess SDI (or VPD) withheld. See instructions 74 .00

75 Earned Income Tax Credit (EITC) 75 .00

76 Young Child Tax Credit (YCTC). See instructions 76 .00

77 Net Premium Assistance Subsidy (PAS). See instructions 77 .00

78 Add line 71 through line 77. These are your total payments. See instructions 78 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions. 91 .00

If line 91 is zero, check if: No use tax is owed. You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 Individual Shared Responsibility (ISR) Penalty. See instructions 92 .00

Full-year health care coverage.

Overpaid Tax/Tax Due

93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 93 .00

94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 94 .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. 95 .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then subtract line 93 from line 92. 96 .00

Your name:

Your SSN or ITIN:

Overpaid Tax/Tax Due	97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. <input checked="" type="radio"/> 97 <input type="text" value="1821"/> .00
	98 Amount of line 97 you want applied to your 2021 estimated tax <input type="radio"/> 98 <input type="text" value="0"/> .00
	99 Overpaid tax available this year. Subtract line 98 from line 97 <input type="radio"/> 99 <input type="text" value="1821"/> .00
	100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 <input checked="" type="radio"/> 100 <input type="text"/> .00

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions	<input type="radio"/> 400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	<input type="radio"/> 401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	<input type="radio"/> 403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund.	<input type="radio"/> 405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	<input type="radio"/> 406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	<input type="radio"/> 407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	<input type="radio"/> 408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund	<input type="radio"/> 410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund	<input type="radio"/> 413	<input type="text"/>	.00
	School Supplies for Homeless Children Fund	<input type="radio"/> 422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase	<input type="radio"/> 423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	<input type="radio"/> 424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	<input type="radio"/> 425	<input type="text"/>	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	<input type="radio"/> 431	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	<input type="radio"/> 438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	<input type="radio"/> 439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	<input type="radio"/> 440	<input type="text"/>	.00
	Schools Not Prisons Voluntary Tax Contribution Fund	<input type="radio"/> 443	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund	<input type="radio"/> 444	<input type="text"/>	.00
	110 Add code 400 through code 444. This is your total contribution	<input type="radio"/> 110	<input type="text"/>	.00

Your name:

Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

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

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● 115 .00

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

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

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

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

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

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

Sign Here

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

Joint tax return? (See instructions)

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

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 California Adjustments — Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

MADHUKAR DONGALA

746468899

Part I Income Adjustment Schedule

Section A — Income from federal Form 1040 or 1040-SR

	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
1 Wages, salaries, tips, etc. See instructions before making an entry in column B or C 1	<input checked="" type="radio"/> 78,841.	<input type="radio"/>	<input type="radio"/>
2 Taxable interest. a <input checked="" type="radio"/> _____ 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input checked="" type="radio"/> _____ 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input checked="" type="radio"/> _____ 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input checked="" type="radio"/> _____ 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input checked="" type="radio"/> _____ 6b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Capital gain or (loss). See instructions. 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B — Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes. 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2a Alimony received. See instructions. 2a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses). 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/> -6,250.	<input type="radio"/>	<input type="radio"/>
6 Farm income or (loss) 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Unemployment compensation 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Other income. 8	<input checked="" type="radio"/>	<input type="radio"/> a _____ a _____ <input type="radio"/> b _____ b _____ <input type="radio"/> c _____ c <input checked="" type="radio"/> <input type="radio"/> d _____ d _____ <input type="radio"/> e _____ e _____ <input type="radio"/> f _____ f <input checked="" type="radio"/> <input type="radio"/> g _____ g _____	<input type="radio"/>
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8 in column A. Add Section A, line 1 through line 7, and Section B, line 1 through line 8g in column B and column C. Go to Section C. 9	<input checked="" type="radio"/> 72,591.	<input type="radio"/>	<input type="radio"/>

Section C — Adjustments to Income from federal Schedule 1 (Form 1040)

10 Educator expenses 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Health savings account deduction 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Moving expenses. Attach federal Form 3903. See instructions 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Deductible part of self-employment tax. See instructions. 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 Self-employed SEP, SIMPLE, and qualified plans 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 Self-employed health insurance deduction. See instructions. 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Penalty on early withdrawal of savings. 17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18a Alimony paid. b Recipient's: SSN <input checked="" type="radio"/> _____ - _____ - _____ Last name <input checked="" type="radio"/> _____ 18a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19 IRA deduction. 19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20 Student loan interest deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Tuition and fees 21	<input checked="" type="radio"/> 2,000.	<input checked="" type="radio"/> 2,000.	<input type="radio"/>
22 Add line 10 through line 18a and line 19 through line 21 in columns A, B, and C. See instructions 22	<input checked="" type="radio"/> 2,250.	<input checked="" type="radio"/> 2,250.	<input type="radio"/>
23 Total. Subtract line 22 from line 9 in columns A, B, and C. See instructions. 23	<input checked="" type="radio"/> 70,341.	<input checked="" type="radio"/> -2,250.	<input type="radio"/>

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
--	---	--

Medical and Dental Expenses See instructions.

1 Medical and dental expenses	<input checked="" type="radio"/>			
2 Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	70,341.	2	
3 Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	5,276.	3	
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>		4	<input checked="" type="radio"/>

Taxes You Paid

5a State and local income tax or general sales taxes	<input checked="" type="radio"/>	5,546.	<input checked="" type="radio"/>	5,546.	
5b State and local real estate taxes	<input checked="" type="radio"/>				
5c State and local personal property taxes	<input checked="" type="radio"/>				
5d Add line 5a through line 5c.	<input checked="" type="radio"/>	5,546.	5d		
5e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>	5,546.	<input checked="" type="radio"/>	5,546.	<input checked="" type="radio"/>
6 Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		6		<input checked="" type="radio"/>
7 Add line 5e and line 6.	<input checked="" type="radio"/>	5,546.	<input checked="" type="radio"/>	5,546.	<input checked="" type="radio"/>

Interest You Paid

8a Home mortgage interest and points reported to you on federal Form 1098	<input checked="" type="radio"/>				<input checked="" type="radio"/>
8b Home mortgage interest not reported to you on federal Form 1098	<input checked="" type="radio"/>				<input checked="" type="radio"/>
8c Points not reported to you on federal Form 1098	<input checked="" type="radio"/>				<input checked="" type="radio"/>
8d Mortgage insurance premiums	<input checked="" type="radio"/>		<input checked="" type="radio"/>		
8e Add line 8a through line 8d.	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
9 Investment interest	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
10 Add line 8e and line 9.	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>

Gifts to Charity

11 Gifts by cash or check	<input checked="" type="radio"/>	250.	<input checked="" type="radio"/>		<input checked="" type="radio"/>
12 Other than by cash or check	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
13 Carryover from prior year	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
14 Add line 11 through line 13	<input checked="" type="radio"/>	250.	<input checked="" type="radio"/>		<input checked="" type="radio"/>

Casualty and Theft Losses

15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions.	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
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Other Itemized Deductions

16 Other—from list in federal instructions	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	5,796.	<input checked="" type="radio"/>	5,546.	<input checked="" type="radio"/>

18 Total. Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	250.
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Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.
Attach federal Form 2106 if required. See instructions. **19** 137.

20 Tax preparation fees. **20**

21 Other expenses - investment, safe deposit box, etc. List type _____ **21** 0.

22 Add line 19 through line 21 **22** 137.

23 Enter amount from federal Form 1040 or 1040-SR, line 11 70,341.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. **24** 1,407.

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. **25** 0.

26 Total Itemized Deductions. Add line 18 and line 25. **26** 250.

27 Other adjustments. See instructions. Specify. _____ **27**

28 Combine line 26 and line 27. **28** 250.

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
 Single or married/RDP filing separately \$203,341
 Head of household \$305,016
 Married/RDP filing jointly or qualifying widow(er) \$406,687

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. **29** 250.

30 Enter the larger of the amount on line 29 or your standard deduction listed below
 Single or married/RDP filing separately. See instructions. \$4,601
 Married/RDP filing jointly, head of household, or qualifying widow(er) \$9,202

Transfer the amount on line 30 to Form 540, line 18 **30** 4,601.

2020 Other State Tax Credit

S

Attach to Form 540, Form 540NR, or Form 541.

Name(s) as shown on your California tax return M A D H U K A R D O N G A L A	SSN, ITIN, or FEIN 746468899
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Part I Double-Taxed Income (Read specific line instructions for Part I before completing.)

(a) Income item(s) description	(b) Double-taxed income taxable by California	(c) Double-taxed income taxable by other state
<input checked="" type="radio"/> WAGES, SALARIES, TIPS	<input checked="" type="radio"/> 26,434.	<input checked="" type="radio"/> 26,434.
<input checked="" type="radio"/> RENT/P' SHIP/SCORP/TRUSTS	<input checked="" type="radio"/> -6,250.	<input checked="" type="radio"/> -6,250.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 Total double-taxed income	<input checked="" type="radio"/> 20,184.	<input checked="" type="radio"/> 20,184.

Part II Figure Your Other State Tax Credit (Read specific line instructions for Part II before completing.)

2 California tax liability. See instructions	<input checked="" type="radio"/> 2	3,329.00
3 Double-taxed income taxable by California. Enter the amount from Part I, line 1, column (b)	<input checked="" type="radio"/> 3	20,184.00
4 California adjusted gross income. See instructions	<input checked="" type="radio"/> 4	72,591.00
5 Divide line 3 by line 4. Do not enter more than 1.0000	<input checked="" type="radio"/> 5	0.2781
6 Multiply line 2 by line 5	<input checked="" type="radio"/> 6	926.00
7 Income tax liability paid to other state (use state's abbreviation) <input checked="" type="radio"/> MA See instructions	<input checked="" type="radio"/> 7	949.00
8 Double-taxed income taxable by other state. Enter the amount from Part I, line 1, column (c)	<input checked="" type="radio"/> 8	20,184.00
9 Adjusted gross income taxable by other state. See instructions	<input checked="" type="radio"/> 9	20,184.00
10 Divide line 8 by line 9. Do not enter more than 1.0000	<input checked="" type="radio"/> 10	1.0000
11 Multiply line 7 by line 10	<input checked="" type="radio"/> 11	949.00
12 Other state tax credit. Enter the smaller of line 6 or line 11. Use credit code 187 . See instructions	<input checked="" type="radio"/> 12	926.00



Form M-8453 Individual Income Tax Declaration for Electronic Filing

2020
Massachusetts
Department of
Revenue

Please print or type. Privacy Act Notice available upon request. For the year January 1–December 31, 2020.

Your first name and initial	Last name	Your Social Security number
MADHUKAR DONGALA		746468899

If a joint return, spouse's first name and initial	Last name	Spouse's Social Security number

Present street address (and apartment number)
2908 QUAIL RIDGE DR

City/Town/Post Office	State	Zip	Filing status: <input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married filing jointly
PLAINSBORO	NJ	08536	<input type="checkbox"/> Married filing separately	<input type="checkbox"/> Head of household

Part 1. Tax Return Information for Electronic Filing

1 Total 5.0% income (from Form 1, line 10, or Form 1-NR/PY, line 12)	1	20184
2 Income tax after credits (from Form 1, line 32, or Form 1-NR/PY, line 36)	2	949
3 Massachusetts use tax (from Form 1, line 34, or Form 1-NR/PY, line 38)	3	
4 Massachusetts income tax withheld (from Form 1, line 38, or Form 1-NR/PY, line 42)	4	1322
5 Refund amount (from Form 1, line 50, or Form 1-NR/PY, line 54)	5	373
6 Tax due (from Form 1, line 51, or Form 1-NR/PY, line 55)	6	

Part 2. Declaration and Signature of Taxpayer

Under pains and penalties of perjury, I declare that I have reviewed the information on my return with the information I have provided to my Electronic Return Originator and that the amounts above agree with the amounts shown on my 2020 Massachusetts return. To the best of my knowledge and belief this information is true, correct and complete. I consent that my return, including this declaration and accompanying schedules, forms and statements be sent to the Massachusetts Department of Revenue by my Electronic Return Originator. I authorize DOR to inform my Electronic Return Originator and/or the transmitter when my electronic return has been accepted. In the event that it is rejected, I authorize DOR to identify the reasons for rejection so that the return can be corrected and re-transmitted. If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable penalties and interest.

Your signature	Date	Spouse's signature (if joint return, both must sign)	Date

Part 3. Declaration and Signature of Electronic Return Originator (ERO)

I declare that I have reviewed the above taxpayer's return and that the entries on this M-8453 are complete and correct to the best of my knowledge. (Collectors are not responsible for reviewing the taxpayer's return; however, they must ensure that the M-8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature before submitting this return to the Massachusetts Department of Revenue. I have provided the taxpayer with a copy of all forms and information filed with the Massachusetts Department of Revenue. If I am also the paid preparer, under pains and penalties of perjury I declare that 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. I declare that I have verified the taxpayer's proof of account and it agrees with the name(s) shown on this form. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Original Forms M-8453 should not be sent to DOR, but must instead be retained by the ERO on the ERO's business premises for a period of three years from the date the return to which the M-8453 relates was filed.

ERO's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
	03022021	301017196	

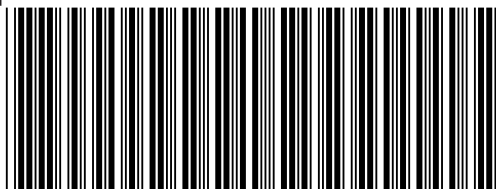
Firm name (or yours, if self-employed) and address	City/Town	State	Zip	<input type="checkbox"/> Check if also paid preparer
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN	CUMMING	GA	30041	

Part 4. Declaration and Signature of Paid Preparer (if other than ERO)

Under pains and penalties of perjury, I declare that 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. This declaration of paid preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

Paid preparer's signature and SSN or PTIN	Date	EIN	<input type="checkbox"/> Check if self-employed
P02082703	03022021	301017196	

Firm name (or yours, if self-employed) and address	City/Town	State	Zip
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN	CUMMING	GA	30041



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

MADHUKAR

DONGALA

746468899

2908 QUAIL RIDGE DR

PLAINSBORO

NJ 08536

Fill in if: Original return Amended return Amended return due to federal change Apt. no.

State Election Campaign Fund:

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

Taxpayer deceased

Fill in if under age 18

Check one: Nonresident

Part-year resident

Filing as both nonresident and part-year resident

Nonresident composite

a. Total federal income

72591

b. Federal adjusted gross income

70341

1. Filing status (select one only):

Single

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

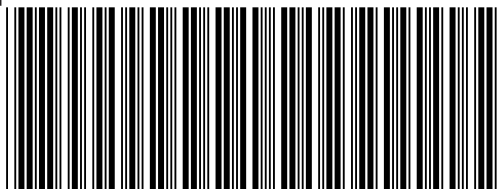
Spouse's signature

Date

302-509-5819

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

DO NOT MAIL



2020 Form 1-NR/PY, pg. 2

MA20006021555

Massachusetts Nonresident/

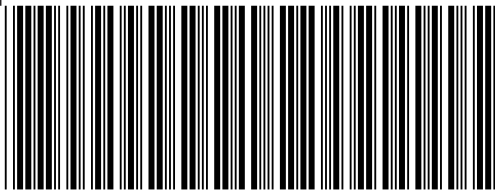
Part-Year Resident Income Tax Return

746468899

4. Exemptions:

a. Personal exemptions		4a	4400
b. Number of dependents. (Do not include yourself or your spouse.) Enter number		× \$1,000 = 4b	
c. Age 65 or over before 2021	You + Spouse =	× \$700 = 4c	
d. Blindness	You + Spouse =	× \$2,200 = 4d	
e. Medical/dental		4e	
f. Adoption		4f	
g. Total exemptions. Add items 4a through 4f. Enter here and on line 22a		4g	4400
5. Wages, salaries, tips		5	26434
6. Taxable pensions and annuities		6	
7. Mass. bank interest: a.	- b. exemption	= 7	
8. Business/profession income/loss a.	+ b. Farming income/loss	= 8	
9. Rental, royalty and REMIC, partnership, S corp., trust income/loss		9	-6250
10a. Unemployment		10a	
10b. Mass. lottery winnings		10b	
11. Other income		11	
12. TOTAL 5.0% INCOME		12	20184
13. NONRESIDENT APPORTIONMENT WORKSHEET. 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			13a
Working days (or other basis) inside Massachusetts			13b
Total working days			13c
Nonworking days (holidays, weekends, etc.)			13d
Massachusetts ratio			13e
Total income being apportioned. You cannot apportion Massachusetts wages as shown on Form W-2			13f
Massachusetts income			13g

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

MADHUKAR

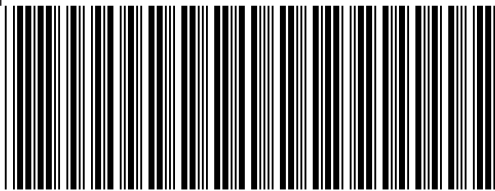
DONGALA

746468899

14. NONRESIDENT DEDUCTION AND EXEMPTION RATIO

a. Total 5.0% income		14a	20184
b. Interest income		14b	
c. Total capital gain income		14c	
d. Total income this return		14d	20184
e. Non-Massachusetts source income. Not less than "0"		14e	53442
f. Total income		14f	73626
g. Deduction and exemption ratio		14g	0.2741
15a. Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement		15a	
15b. Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement		15b	
16. Child under age 13, or disabled dependent/spouse care expenses		16	
17. 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)			
Not more than two. a. $\times \$3,600 = b.$ Part-year residents multiply line 17b by line 3; nonresidents multiply line 17b by line 14g		17	
18. Rental deduction. a. $\div 2 = 18$		18	
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			
19. Other deductions from Schedule Y, line 19		19	
20. Total deductions. Add lines 15 through 19		20	
21. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 20 from line 12. Not less than "0"		21	20184
22. Exemption amount. a. 4400		22	1206
23. 5.0% INCOME AFTER DEDUCTIONS. Subtract line 22 from line 21. Not less than "0"		23	18978
24. INTEREST AND DIVIDEND INCOME		24	
25. TOTAL TAXABLE 5.0% INCOME. Add lines 23 and 24		25	18978
26. TAX ON 5.0% INCOME. Note: If choosing the optional 5.85% tax rate, fill in and multiply line 25 and the amount in Schedule D, line 21 by .0585		26	949

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



2020 Form 1-NR/PY, pg. 4

MA20006041555

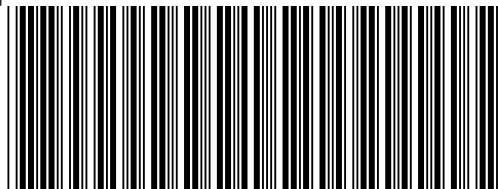
Massachusetts Nonresident/

Part-Year Resident Income Tax Return

746468899

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	949
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	949
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	949

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



2020 Form 1-NR/PY, pg. 5

MA20006051555

Massachusetts Nonresident/

Part-Year Resident Income Tax Return

746468899

42. Massachusetts income tax withheld	42	1322
43. 2019 overpayment applied to your 2020 estimated tax	43	
44. 2020 Massachusetts estimated tax payments	44	
45. Payments made with extension	45	
46. Amended return only. Payments made with original return. Not less than "0"	46	
47. Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return x .30 = c. Part-year residents, multiply line 47c by line 3	47	
Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception		
48. Senior Circuit Breaker Credit	48	
49. Other Refundable Credits	49	
50. Excess Paid Family Leave Withholding	50	
51. TOTAL. Add lines 42 through 50	51	1322
52. Overpayment. Subtract line 41 from line 51	52	373
53. Amount of overpayment you want applied to your 2021 estimated tax	53	
54. Refund. Subtract line 53 from line 52. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	54	373

Direct deposit of refund. Type of account checking savings

RTN # account #

55. Tax due. Pay online at www.mass.gov/dor/payonline. Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204	55	
Interest Penalty M-2210 amt.		EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically

Print paid preparer's name

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Paid preparer's signature

SYAM PRIYA RAM SAGAR GUPTA TALLAM

Yes

(this may delay your refund)

Date

03022021

Paid preparer's phone

678-965-9522

Check if self-employed

Paid preparer's

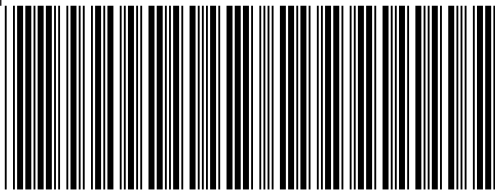
SSN/PTIN

P02082703

Paid preparer's EIN

30-1017196

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



2020 Schedule INC
 MA20INC011555

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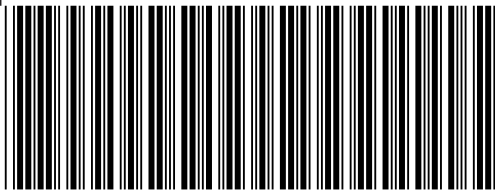
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Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
133924155	1322	26434			W2

TOTALS	1322	26434			
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DO NOT MAIL



2020 Schedule NTS-L-NRPY

MA20021011555

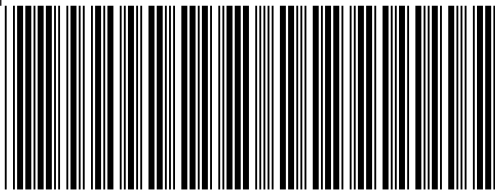
No Tax Status and Limited Income Credit

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Schedule NTS-L-NRPY. No Tax Status and Limited Income Credit

1. Total 5.0% income	1	20184
2. Adjustments to income	2	
3. Adjusted 5.0% income. Subtract line 2 from line 1. Do not enter if less than "0"	3	20184
4. Interest exemption used	4	
5. Adjusted gross interest, dividends and certain capital gains	5	
6. Long-term capital gain	6	
7. Additional income/loss while a nonresident/part-year resident	7	53442
8. Total income. Combine lines 3 through 7	8	73626
9. Additional adjustments to income while a nonresident/part-year resident	9	
10. Massachusetts Adjusted Gross Income (AGI)	10	73626
If you are single and the total in line 10 is \$8,000 or less, you qualify for No Tax Status		
11. If married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$16,400 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,000 and add \$14,400 to that amount	11	
12. If you do not qualify for No Tax Status and you are married and filing a joint return, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$28,700 to that amount. If head of household, multiply the number of dependents (from Form 1-NR/PY, line 4b) by \$1,750 and add \$25,200 to that amount	12	
13. No Tax Status threshold	13	
14. Income for Limited Income Credit	14	
15. Tax before adjustments	15	
16. Tax for Limited Income Credit	16	
17. Limited Income Credit	17	

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2020 Schedule E

MA20013041555

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DONGALA

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Income or Loss from Real Estate and Royalties

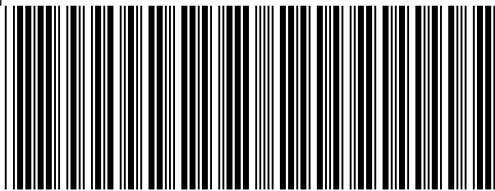
Income

1. Rents received	1	350
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	600
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	900
10. Mortgage interest paid to banks, etc.	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	1800
16. Other expenses	16	
17. Add lines 3 through 16	17	6600
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	6600
20. Income or loss from rental real estate or royalty properties	20	-6250
21. Deductible rental real estate loss	21	-6250
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Add royalty losses from line 20 and real estate losses from line 21	23	-6250
24. Rental real estate and royalty income or loss	24	-6250

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2020 Schedule E, pg. 2

MA20013051555

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Income or Loss from Partnerships and S Corporations

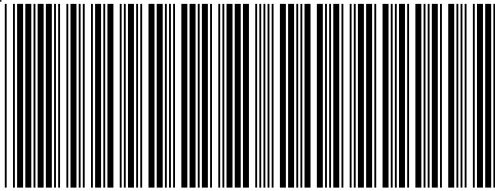
25. Passive loss allowed	25
26. Passive income	26
27. Non-passive loss	27
28. Section 179 expense deduction	28
29. Non-passive income	29
30. Combine lines 26 and 29	30
31. Combine lines 25, 27 and 28	31
32. Partnership and S corporation income or loss. Combine lines 30 and 31	32
33. Interest (other than MA banks) and dividends if included in line 32	33
34. Interest from Massachusetts banks if included in line 32	34
35. Total income or loss from partnerships and S corporations	35
36. Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses	

Income or Loss from Estates and Trusts

37. Passive deduction or loss allowed	37
38. Passive income	38
39. Non-passive deduction or loss	39
40. Non-passive other income	40
41. Add lines 38 and 40	41
42. Add lines 37 and 39	42
43. Estate and trust income or loss. Combine lines 41 and 42	43
44. Estate or non-grantor-type trust income	44
45. Grantor-type trust and non-Massachusetts estate and trust income	45
46. Interest and dividends if included in line 45	46
47. Adjustments to 5.0% income	47
48. Subtotal. Combine lines 46 and 47	48
49. Income or loss from grantor type and non-Mass estates and trusts	49

Income or Loss from REMICs

50. Excess inclusion	50
51. Taxable income or loss	51
52. Income	52
53. Combine lines 51 and 52	53



2020 Schedule E, pg. 3

MA20013061555

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Farm Income

54. Net farm rental income or loss

Summary

- 55. Income or loss. Combine lines 24, 35, 49, 53 and 54
- 56. Massachusetts differences Enclose statements
- 57. Abandoned building renovation deduction
- 58. Total income or loss. Combine lines 55 through 57

54

55

56

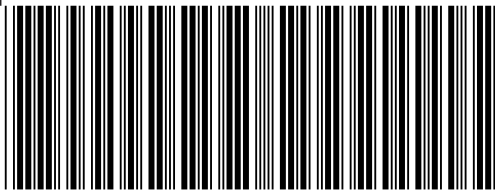
57

58

-6250

-6250

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2020 Schedule E-1

MA20013011555

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HYDERABAD

Check one: Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1. Rents received	1	350
2. Royalties received	2	

Expenses

3. Advertising	3	
4. Auto and travel	4	
5. Cleaning and maintenance	5	600
6. Commissions	6	
7. Insurance	7	
8. Legal and other professional fees	8	
9. Management fees	9	900
10. Mortgage interest paid to banks, etc	10	
11. Other interest	11	
12. Repairs	12	1500
13. Supplies	13	1800
14. Taxes	14	
15. Utilities	15	1800
16. Other expenses	16	
17. Add lines 3 through 16	17	6600
18. Depreciation expense or depletion	18	
19. Total expenses. Add lines 17 and 18	19	6600
20. Income or loss from rental real estate or royalty properties	20	-6250
21. Deductible rental real estate loss	21	-6250
22. Income. Enter positive amounts shown on line 20	22	
23. Losses. Enter royalty losses from line 20 or rental real estate losses from line 21	23	-6250
24. Rental real estate and royalty income or loss	24	-6250
25. Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		