

# 2019 California Resident Income Tax Return

# 540

APE

ATTACH FEDERAL RETURN

817-46-0891 BOGG 842-74-4408  
VAMSIRAM BOGGINENI  
MANASA GINJUPALLI

19

25 PALATINE 141  
IRVINE CA 92612

04-08-1992 07-19-1996

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

Filing Status

1  Single 4  Head of household (with qualifying person). See instructions.

2  Married/RDP filing jointly. See inst. 5  Qualifying widow(er). Enter year spouse/RDP died.

See instructions.

3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

► 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**

Exemptions

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 \$122 =  \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. . . . .  8  X \$122 =  \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . .  9  X \$122 =  \$

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	<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 \$378 =  \$

Your name:

Your SSN or ITIN:

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

<b>Taxable Income</b>	12 State wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> 12 <input type="text" value="71965"/> <input type="text" value="00"/>		
	13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 8b ..... <input checked="" type="radio"/> 13 <input type="text" value="65779"/> <input type="text" value="00"/>		
	14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 23, column B. .... <input checked="" type="radio"/> 14 <input type="text" value=""/> <input type="text" value="00"/>		
	15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <input checked="" type="radio"/> 15 <input type="text" value="65779"/> <input type="text" value="00"/>		
	16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 23, column C. .... <input checked="" type="radio"/> 16 <input type="text" value="2830"/> <input type="text" value="00"/>		
	17 California adjusted gross income. Combine line 15 and line 16 ..... <input checked="" type="radio"/> 17 <input type="text" value="68609"/> <input type="text" value="00"/>		
	18 Enter the <b>larger of</b> { Your California <b>itemized deductions</b> from Schedule CA (540), Part II, line 30; <b>OR</b> Your California <b>standard deduction</b> shown below for your filing status: • Single or Married/RDP filing separately. .... \$4,537 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) .... \$9,074 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions ..... <input checked="" type="radio"/> 18 <input type="text" value="9074"/> <input type="text" value="00"/>		
	19 Subtract line 18 from line 17. This is your <b>taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> 19 <input type="text" value="59535"/> <input type="text" value="00"/>		

<b>Tax</b>	31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule <input checked="" type="radio"/> <input type="checkbox"/> FTB 3800 <input checked="" type="radio"/> <input type="checkbox"/> FTB 3803 ..... <input checked="" type="radio"/> 31 <input type="text" value="1369"/> <input type="text" value="00"/>		
	32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$200,534, see instructions. .... <input checked="" type="radio"/> 32 <input type="text" value="244"/> <input type="text" value="00"/>		
	33 Subtract line 32 from line 31. If less than zero, enter -0- ..... <input checked="" type="radio"/> 33 <input type="text" value="1125"/> <input type="text" value="00"/>		
	34 Tax. See instructions. Check the box if from: <input checked="" type="radio"/> <input type="checkbox"/> Schedule G-1 <input checked="" type="radio"/> <input type="checkbox"/> FTB 5870A. . . <input checked="" type="radio"/> 34 <input type="text" value=""/> <input type="text" value="00"/>		
	35 Add line 33 and line 34. .... <input checked="" type="radio"/> 35 <input type="text" value="1125"/> <input type="text" value="00"/>		

<b>Special Credits</b>	40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. .... <input checked="" type="radio"/> 40 <input type="text" value=""/> <input type="text" value="00"/>		
	43 Enter credit name <input type="text" value=""/> code <input checked="" type="radio"/> <input type="text" value=""/> and amount ... <input checked="" type="radio"/> 43 <input type="text" value=""/> <input type="text" value="00"/>		
	44 Enter credit name <input type="text" value=""/> code <input checked="" type="radio"/> <input type="text" value=""/> and amount ... <input checked="" type="radio"/> 44 <input type="text" value=""/> <input type="text" value="00"/>		
	45 To claim more than two credits. See instructions. Attach Schedule P (540). .... <input checked="" type="radio"/> 45 <input type="text" value=""/> <input type="text" value="00"/>		
	46 Nonrefundable renter's credit. See instructions ..... <input checked="" type="radio"/> 46 <input type="text" value="120"/> <input type="text" value="00"/>		
	47 Add line 40 through line 46. These are your total credits ..... <input checked="" type="radio"/> 47 <input type="text" value="120"/> <input type="text" value="00"/>		
	48 Subtract line 47 from line 35. If less than zero, enter -0- ..... <input checked="" type="radio"/> 48 <input type="text" value="1005"/> <input type="text" value="00"/>		

Your name:

Your SSN or ITIN:

Other Taxes	61	Alternative minimum tax. Attach Schedule P (540) . . . . .	● 61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions . . . . .	● 62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions . . . . .	● 63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax. . . . .	● 64	<input type="text" value="1005"/>	.00

Payments	71	California income tax withheld. See instructions . . . . .	● 71	<input type="text" value="3611"/>	.00
	72	2019 CA estimated tax and other payments. See instructions . . . . .	● 72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or 593). See instructions . . . . .	● 73	<input type="text"/>	.00
	74	Excess SDI (or VPDI) withheld. See instructions . . . . .	● 74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC) . . . . .	● 75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions . . . . .	● 76	<input type="text"/>	.00
	77	Add lines 71 through 76. These are your total payments. See instructions . . . . .	⊙ 77	<input type="text" value="3611"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions . . . . .	● 91	<input type="text" value="0"/>	.00
	If line 91 is zero, check if:				
		<input checked="" type="checkbox"/> No use tax is owed.			
		<input type="checkbox"/> You paid your use tax obligation directly to CDTFA.			

Overpaid Tax/Tax Due	92	Payments balance. If line 77 is more than line 91, subtract line 91 from line 77 . . . . .	⊙ 92	<input type="text" value="3611"/>	.00
	93	Use Tax balance. If line 91 is more than line 77, subtract line 77 from line 91 . . . . .	⊙ 93	<input type="text"/>	.00
	94	Overpaid tax. If line 92 is more than line 64, subtract line 64 from line 92. . . . .	⊙ 94	<input type="text" value="2606"/>	.00
	95	Amount of line 94 you want applied to your 2020 estimated tax . . . . .	● 95	<input type="text" value="0"/>	.00
	96	Overpaid tax available this year. Subtract line 95 from line 94 . . . . .	● 96	<input type="text" value="2606"/>	.00
97	Tax due. If line 92 is less than line 64, subtract line 92 from line 64 . . . . .	⊙ 97	<input type="text"/>	.00	

Your name:

Your SSN or ITIN:



Contributions

**Code Amount**

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 Fund . . . . .	● 406	<input type="text"/>	.00
Emergency Food for Families Voluntary Tax Contribution Fund . . . . .	● 407	<input type="text"/>	.00
California Peace Officer Memorial Foundation Fund . . . . .	● 408	<input type="text"/>	.00
California Sea Otter 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
Organ and Tissue Donor Registry Voluntary Tax Contribution Fund . . . . .	● 441	<input type="text"/>	.00
National Alliance on Mental Illness California Voluntary Tax Contribution Fund . . . . .	● 442	<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>110</b> Add code 400 through code 444. This is your total contribution . . . . .	● 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 96, add line 93, line 97, 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](http://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 110, line 112 and line 113 from line 96. 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:

● Type  
● Routing number  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:  
● Type  
● Routing number  ● 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](http://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.

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

Joint tax return? (See instructions)

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

**2019**

**Wage and Tax Statement**

**W-2**

**Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.**

**Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

**W-2 Information**

a. Employee's social security number\*  817460891

c. Employer's name  ADP TOTALSOURCE DE IV INC

b. Employer identification number (EIN)  364210977

Employer's address  BANKRUPTCY MANAGEMENT 10200 SUNSET DRIVE

City  MIAMI State  FL ZIP code  33173

e. Employee's first name\*  VAMSI RAM Initial\*  Last name\*  BOGGINENI Suffix\*

f. Employee's address\*  25 PALATINE 141

City\*  IRVINE State\*  CA ZIP code\*  92612

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 20,636.	4. <input type="radio"/> Social security tax withheld <input type="radio"/>	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 2,548.	6. <input type="radio"/> Medicare tax withheld <input type="radio"/>	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/>	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

**12. Codes and amounts**

12a. <input type="radio"/> Code <input type="radio"/> C Amount <input type="radio"/> 6.	12c. <input type="radio"/> Code <input type="radio"/> W Amount <input type="radio"/> 1,236.
12b. <input type="radio"/> Code <input type="radio"/> D Amount <input type="radio"/> 1,127.	12d. <input type="radio"/> Code <input type="radio"/> DD Amount <input type="radio"/> 1,466.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee  Retirement plan  Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type <input type="radio"/> SDI	Amount <input type="radio"/> 230.
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16. State wages, tips, etc.  21,872.

15. State and employer's state ID number

State <input type="radio"/> CA	Employer's state ID number <input type="radio"/> 23407307
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17. State income tax  1,129.

**2019**

**Wage and Tax Statement**

**W-2**

**Important: Attach this schedule to the back of your original or amended Form 540, 540 2EZ, or 540NR.**

**Caution:** If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

\*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

**W-2 Information**

a. Employee's social security number\*  817460891

c. Employer's name  OASIS OUTSOURCING III INC

b. Employer identification number (EIN)  650693259

Employer's address  2054 VISTA PARKWAY STE 300

City  WEST PALM BEACH State  FL ZIP code  33411

e. Employee's first name\*  VAMSI RAM Initial\*  Last name\*  BOGGINENI Suffix\*

f. Employee's address\*  25 PALATINE 141

City\*  IRVINE State\*  CA ZIP code\*  92612

1.  Wages, tips, other compensation 50,093.

2.  Federal income tax withheld 6,186.

3.  Social security wages

4.  Social security tax withheld

5.  Medicare tax withheld

6.  Social security tips

7.  Social security tips

8.  Allocated tips (not included in box 1)

9.  Dependent care benefits

10.  Nonqualified plans

**12. Codes and amounts**

12a.  Code C Amount 12.

12b.  Code D Amount 2,675.

12c.  Code DD Amount 3,040.

12d.  Code W Amount 1,594.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay

Statutory employee  Retirement plan  Third-party sick pay

14. SDI, VPDI, or CA SDI (from box 14 or 19)

Type  CASDI Amount  528.

16. State wages, tips, etc.  50,093.

15. State and employer's state ID number

State  CA Employer's state ID number  23407307

17. State income tax  2,482.

2019 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

V BOGGINENI & M GINJUPALLI

SSN or ITIN

817460891

Part I Income Adjustment Schedule

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

Table with 4 columns: Line number, Description, Federal Amounts, Subtractions, Additions. Includes rows for Wages, Taxable interest, Dividends, IRA distributions, Social security benefits, and Capital gain.

Section B – Additional Income from federal Schedule 1 (Form 1040 or 1040-SR)

Table with 4 columns: Line number, Description, Federal Amounts, Subtractions, Additions. Includes rows for Taxable refunds, Alimony, Business income, Rental real estate, Farm income, Unemployment compensation, and Total.

Section C – Adjustments to Income from federal Schedule 1 (Form 1040 or 1040-SR)

Table with 4 columns: Line number, Description, Federal Amounts, Subtractions, Additions. Includes rows for Educator expenses, Business expenses, Health savings account, Moving expenses, Self-employment tax, Health insurance, Alimony paid, IRA deduction, Student loan interest, Tuition and fees, and Total.



**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 or 1040-SR))

**B Subtractions**  
See instructions

**C Additions**  
See instructions

**Medical and Dental Expenses** See instructions.

<b>1</b>	Medical and dental expenses	<input checked="" type="radio"/>		<b>1</b>			
<b>2</b>	Enter amount from federal Form 1040 or 1040-SR, line 8b	<input checked="" type="radio"/>	65,779.	<b>2</b>			
<b>3</b>	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	4,933.	<b>3</b>			
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0.	<input checked="" type="radio"/>		<b>4</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Taxes You Paid**

<b>5a</b>	State and local income tax or general sales taxes	<input checked="" type="radio"/>	4,369.	<input checked="" type="radio"/>	4,369.		
<b>5b</b>	State and local real estate taxes	<input checked="" type="radio"/>					
<b>5c</b>	State and local personal property taxes	<input checked="" type="radio"/>					
<b>5d</b>	Add lines 5a through 5c	<input checked="" type="radio"/>	4,369.				
<b>5e</b>	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"/>	4,369.	<input checked="" type="radio"/>	4,369.	<input checked="" type="radio"/>	0.
<b>6</b>	Other taxes. List type	<input checked="" type="radio"/>				<input checked="" type="radio"/>	
<b>7</b>	Add lines 5e and 6	<input checked="" type="radio"/>	4,369.	<input checked="" type="radio"/>	4,369.	<input checked="" type="radio"/>	0.

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

<b>15</b>	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**

<b>16</b>	Other—from list in federal instructions	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>17</b>	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	4,369.	<input checked="" type="radio"/>	4,369.	<input checked="" type="radio"/>	0.

<b>18 Total.</b>	Combine line 17 column A less column B plus column C	<input checked="" type="radio"/>		<input checked="" type="radio"/>		<input checked="" type="radio"/>	0.
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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

20 Tax preparation fees.  20

21 Other expenses - investment, safe deposit box, etc. List type  \_\_\_\_\_  21  0.

22 Add lines 19 through 21.  22  0.

23 Enter amount from federal Form 1040 or 1040-SR, line 8b  \_\_\_\_\_ 65,779.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.  24  1,316.

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  0.

27 Other adjustments. See instructions. Specify.  \_\_\_\_\_  27

28 Combine line 26 and line 27.  28  0.

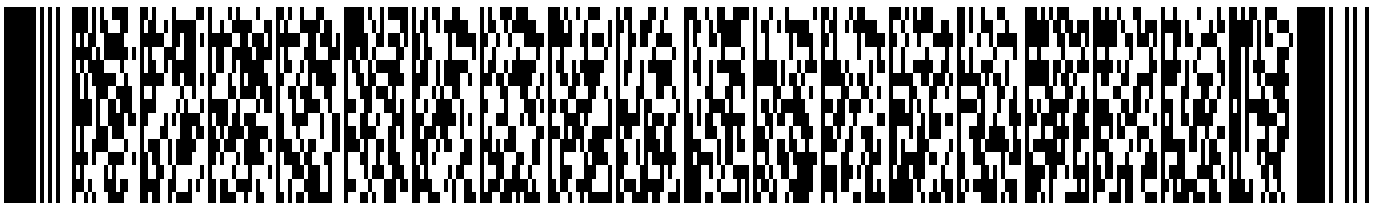
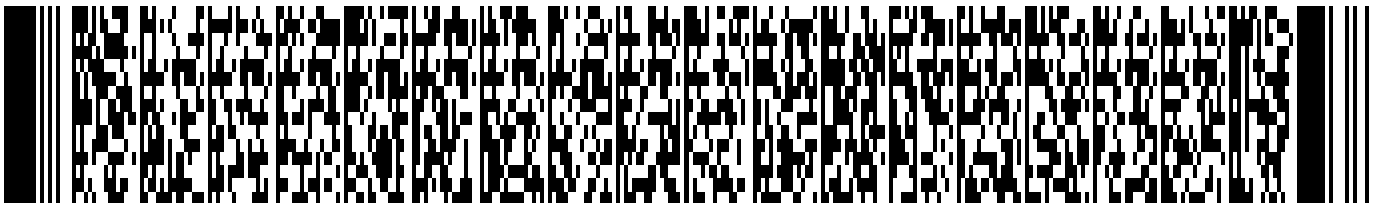
29 **Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?**  
 Single or married/RDP filing separately ..... \$200,534  
 Head of household ..... \$300,805  
 Married/RDP filing jointly or qualifying widow(er) ..... \$401,072

**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  0.

30 **Enter the larger of the amount on line 29 or your standard deduction listed below**  
 Single or married/RDP filing separately. See instructions. .... \$4,537  
 Married/RDP filing jointly, head of household, or qualifying widow(er) .... \$9,074

Transfer the amount on line 30 to Form 540, line 18.  30  9,074.



Name as Shown on Return V BOGGINENI & M GINJUPALLI	Social Security No. 817-46-0891
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**Line 1 – Wages, Salaries, Tips, Etc.**

	(B) Subtractions	(C) Additions
1 Excess reimbursements from Form 2106 included in wage income . . . . .		
2 Active duty military pay . . . . .		
3 Sick pay received under the Federal Insurance Contributions Act and Railroad Retirement Act . . . . .		
4 Income exempted by U.S. tax treaties (unless specifically exempt for state purposes also) . . . . .		
5 Exclusion for compensation from exercising a California Qualified Stock Option (CQSO). . . . .		
6 Ridesharing fringe benefit differences . . . . .		
7 HSA employer contributions . . . . .		2,830.
8 Paid Family Leave Insurance (PFL) benefits . . . . .		
9 Employer-provided adoption benefits income exclusions. . . . .		
10 In-Home Supportive Services (IHSS) supplementary payment . .		
11 Native American income (Form 3504) . . . . .		
12 Clergy housing exclusion. This is the amount entered on W-2s a as smallest of amount spent or fair rental value. . . . . b Enter the amount spent on qual. housing expenses _____		
13 Excess moving reimbursements . . . . .		
14 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to wages, salaries, tips, etc. Enter here and on Schedule CA (540/540NR), line 1. . . . .		2,830.

**Line 4 – IRA, Pensions, and Annuities**

	(B) Subtractions	(C) Additions
<b>IRA's</b>		
1 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to IRA distributions. Enter here and on Schedule CA (540/540NR), line 4 . . . . .		
<b>Pensions and Annuities</b>		
1 Form 1099-R, Railroad Retirement Benefits. . . . .		
2 Other (itemize): a _____ b _____ c _____ d _____		
Total adjustments to pensions and annuities. Enter here and on Schedule CA (540/540NR), line 4. . . . .		

Amended U.S. Individual Income Tax Return

Go to www.irs.gov/Form1040X for instructions and the latest information.

This return is for calendar year 2019 2018 2017 2016

Other year. Enter one: calendar year or fiscal year (month and year ended):

Form header section containing personal information: Name (VAMSI RAM), Social Security Number (817-46-0891), Address (25 PALATINE 141, IRVINE CA 92612), and Filing Status (Married filing jointly).

Amended return filing status. You must check one box even if you are not changing your filing status. Caution: In general, you can't change your filing status from a joint return to separate returns after the due date.


Filing status options: Single, Married filing jointly (checked), Married filing separately (MFS), Qualifying widow(er) (QW), Head of household (HOH).

Main table with 4 columns: Line number, Description, A. Original amount, B. Net change, C. Correct amount. Rows include Income and Deductions (lines 1-5), Tax Liability (lines 6-11), Payments (lines 12-17), and Refund or Amount You Owe (lines 18-23).

Complete and sign this form on page 2.

**Part I Exemptions and Dependents**

Complete this part **only** if any information relating to exemptions (to dependents if amending your 2018 or later return) has changed from what you reported on the return you are amending. This would include a change in the number of exemptions (of dependents if amending your 2018 or later return).

	For amended 2018 or later returns only, leave lines 24, 28, and 29 blank. Fill in all other applicable lines.		<b>A. Original number of exemptions or amount reported or as previously adjusted</b>	<b>B. Net change</b>	<b>C. Correct number or amount</b>
	<b>Note:</b> See the Forms 1040 and 1040-SR, or Form 1040A, instructions for the tax year being amended. See also the Form 1040-X instructions.				
<b>24</b>	Yourself and spouse. <b>Caution:</b> If someone can claim you as a dependent, you can't claim an exemption for yourself. If amending your 2018 or later return, leave line blank . . . . .	<b>24</b>			
<b>25</b>	Your dependent children who lived with you . . . . .	<b>25</b>			
<b>26</b>	Your dependent children who didn't live with you due to divorce or separation . . . . .	<b>26</b>			
<b>27</b>	Other dependents . . . . .	<b>27</b>			
<b>28</b>	Total number of exemptions. Add lines 24 through 27. If amending your 2018 or later return, leave line blank . . . . .	<b>28</b>			
<b>29</b>	Multiply the number of exemptions claimed on line 28 by the exemption amount shown in the instructions for line 29 for the year you are amending. Enter the result here and on line 4a on page 1 of this form. If amending your 2018 or later return, leave line blank . . . . .	<b>29</b>			
<b>30</b>	List <b>ALL</b> dependents (children and others) claimed on this amended return. If more than 4 dependents, see inst. and <input checked="" type="checkbox"/> here <input type="checkbox"/>				

Dependents (see instructions):		(b) Social security number	(c) Relationship to you	(d) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(a) First name	Last name			Child tax credit	Credit for other dependents (amended 2018 or later returns only)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Part II Presidential Election Campaign Fund**

Checking below won't increase your tax or reduce your refund.  
 Check here if you didn't previously want \$3 to go to the fund, but now do.  
 Check here if this is a joint return and your spouse did not previously want \$3 to go to the fund, but now does.

**Part III Explanation of Changes.** In the space provided below, tell us why you are filing Form 1040-X.

▶ Attach any supporting documents and new or changed forms and schedules.  
 LETTER OF EXPLANATION ATTACHED

**Remember to keep a copy of this form for your records.**

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

**Sign Here**

▶  
 Your signature \_\_\_\_\_ Date \_\_\_\_\_ SOFTWARE ENGINEER  
 Your occupation \_\_\_\_\_  
 ▶  
 Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ STUDENT  
 Spouse's occupation \_\_\_\_\_

**Paid Preparer Use Only**

▶ SYAM PRIYA RAM SAGAR GUPTA TALLAM 01/09/2021 GLOBAL TAXES LLC  
 Preparer's signature Date Firm's name (or yours if self-employed)  
 SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 Pebble Creek Ln Cumming GA 30041  
 Print/type preparer's name Firm's address and ZIP code  
 P02082703  Check if self-employed (678) 965-9522 30-1017196  
 PTIN Phone number EIN

**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 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 VAMSI RAM	Last name BOGGINENI	Your social security number 817-46-0891
If joint return, spouse's first name and middle initial MANASA	Last name GINJUPALLI	Spouse's social security number 842-74-4408
Home address (number and street). If you have a P.O. box, see instructions. 25 PALATINE 141		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). IRVINE CA 92612		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>		

**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, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
Last name				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under Standard Deduction, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	70,729.
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>2b</b> Taxable interest. Attach Sch. B if required	<b>2b</b>
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>3b</b> Ordinary dividends. Attach Sch. B if required	<b>3b</b>
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>4b</b> Taxable amount . . . . .	<b>4b</b>
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	<b>d</b> Taxable amount . . . . .	<b>4d</b>
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .			<b>6</b>
<b>7a</b> Other income from Schedule 1, line 9 . . . . .			<b>7a</b> -4,950.
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .			<b>7b</b> 65,779.
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .			<b>8a</b>
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .			<b>8b</b> 65,779.
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b> 24,400.		
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>		
<b>11a</b> Add lines 9 and 10 . . . . .		<b>11a</b>	24,400.
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .		<b>11b</b>	41,379.

<b>12a</b>	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>12a</b>	4,577.
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total . . . . . ▶	<b>12b</b>	4,577.
<b>13a</b>	Child tax credit or credit for other dependents . . . . . ▶	<b>13a</b>	
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total . . . . . ▶	<b>13b</b>	2,000.
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	2,577.
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10 . . . . .	<b>15</b>	0.
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b> . . . . . ▶	<b>16</b>	2,577.
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>17</b>	8,734.
<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC) . . . . . No . . . . .	<b>18a</b>	
<b>b</b>	Additional child tax credit, Attach Schedule 8812 . . . . .	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8 . . . . .	<b>18c</b>	
<b>d</b>	Schedule 3, line 14 . . . . .	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b> . . . . . ▶	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b> . . . . . ▶	<b>19</b>	8,734.

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

**Refund**

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b> . . . . .	<b>20</b>	6,157.												
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>21a</b>	6,157.												
<b>b</b>	Routing number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> ▶ <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8					
1	2	1	0	0	0	3	5	8							
<b>d</b>	Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>2</td><td>5</td><td>0</td><td>2</td><td>2</td><td>6</td><td>5</td><td>5</td><td>1</td><td>4</td><td>7</td></tr></table>	3	2	5	0	2	2	6	5	5	1	4	7		
3	2	5	0	2	2	6	5	5	1	4	7				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b> . . . . . ▶	<b>22</b>													

Direct deposit?  
See instructions.

**Amount You Owe**

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions . . . . . ▶	<b>23</b>	
<b>24</b>	Estimated tax penalty (see instructions) . . . . . ▶	<b>24</b>	

**Third Party Designee**

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) 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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
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.) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
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	01/09/2021	P02082703	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ GLOBAL TAXES LLC		Phone no. (678) 965-9522		<input type="checkbox"/> Self-employed
Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041		Firm's EIN ▶ 30-1017196		

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

VAMSI RAM BOGGINENI & MANASA GINJUPALLI

Your social security number

817-46-0891

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .  **Yes**  **No**

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	-4,950.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	-4,950.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 08/20/20 PRO

Schedule 1 (Form 1040 or 1040-SR) 2019



**SCHEDULE 3**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

▶ **Attach to Form 1040 or 1040-SR.**  
▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **03**

Name(s) shown on Form 1040 or 1040-SR

VAMSI RAM BOGGINENI & MANASA GINJUPALLI

Your social security number

817-46-0891

**Part I Nonrefundable Credits**

1	Foreign tax credit. Attach Form 1116 if required . . . . .	1	
2	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	2	
3	Education credits from Form 8863, line 19 . . . . .	3	2,000.
4	Retirement savings contributions credit. Attach Form 8880 . . . . .	4	
5	Residential energy credits. Attach Form 5695 . . . . .	5	
6	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> _____	6	
7	Add lines 1 through 6. Enter here and include on Form 1040 or 1040-SR, line 13b . . . . .	7	2,000.

**Part II Other Payments and Refundable Credits**

8	2019 estimated tax payments and amount applied from 2018 return . . . . .	8	
9	Net premium tax credit. Attach Form 8962 . . . . .	9	
10	Amount paid with request for extension to file (see instructions) . . . . .	10	
11	Excess social security and tier 1 RRTA tax withheld . . . . .	11	
12	Credit for federal tax on fuels. Attach Form 4136 . . . . .	12	
13	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> _____	13	
14	Add lines 8 through 13. Enter here and on Form 1040 or 1040-SR, line 18d . . . . .	14	

For Paperwork Reduction Act Notice, see your tax return instructions.

REV 08/20/20 PRO

Schedule 3 (Form 1040 or 1040-SR) 2019

**SCHEDULE E**  
(Form 1040 or 1040-SR)

**Supplemental Income and Loss**  
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2019**

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

Name(s) shown on return

VAMSI RAM BOGGINENI & MANASA GINJUPALLI

Your social security number

817-46-0891

**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 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .  Yes  No  
**B** If "Yes," did you or will you file required Forms 1099? . . . . .  Yes  No

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	GANDHI NAGAR HYDERABAD TELANGANA IN 500046				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	<b>Fair Rental Days</b>	<b>Personal Use Days</b>	<b>QJV</b>
<b>A</b>	1		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

<b>Income:</b>	<b>Properties:</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>3</b> Rents received . . . . .	<b>3</b>	650.		
<b>4</b> Royalties received . . . . .	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising . . . . .	<b>5</b>	100.		
<b>6</b> Auto and travel (see instructions) . . . . .	<b>6</b>	350.		
<b>7</b> Cleaning and maintenance . . . . .	<b>7</b>			
<b>8</b> Commissions . . . . .	<b>8</b>			
<b>9</b> Insurance . . . . .	<b>9</b>			
<b>10</b> Legal and other professional fees . . . . .	<b>10</b>			
<b>11</b> Management fees . . . . .	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>			
<b>13</b> Other interest . . . . .	<b>13</b>	5,000.		
<b>14</b> Repairs . . . . .	<b>14</b>	150.		
<b>15</b> Supplies . . . . .	<b>15</b>			
<b>16</b> Taxes . . . . .	<b>16</b>			
<b>17</b> Utilities . . . . .	<b>17</b>			
<b>18</b> Depreciation expense or depletion . . . . .	<b>18</b>			
<b>19</b> Other (list) ▶	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>	5,600.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>	-4,950.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>	( -4,950. )	( )	( )
<b>23a</b> Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>		650.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>			
<b>d</b> Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>		5,600.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>			
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>	( 4,950. )		
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>			-4,950.

**Education Credits**  
**(American Opportunity and Lifetime Learning Credits)**

▶ Attach to Form 1040 or 1040-SR.  
 ▶ Go to [www.irs.gov/Form8863](http://www.irs.gov/Form8863) for instructions and the latest information.

Name(s) shown on return: **VAMSI RAM BOGGINENI & MANASA GINJUPALLI** Your social security number: **817-46-0891**



*Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.*

**Part I Refundable American Opportunity Credit**

<b>1</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30 . . . . .	<b>1</b>	
<b>2</b>	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er) . . . . .	<b>2</b>	
<b>3</b>	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any education credit . . . . .	<b>4</b>	
<b>5</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>5</b>	
<b>6</b>	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 . . . . . • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
<b>7</b>	Multiply line 1 by line 6. <b>Caution:</b> If you were under age 24 at the end of the year <b>and</b> meet the conditions described in the instructions, you <b>can't</b> take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
<b>8</b>	<b>Refundable American opportunity credit.</b> Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 18c. Then go to line 9 below . . . . .	<b>8</b>	

**Part II Nonrefundable Education Credits**

<b>9</b>	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions) . . . . .	<b>9</b>	
<b>10</b>	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19 . . . . .	<b>10</b>	15,782.
<b>11</b>	Enter the smaller of line 10 or \$10,000 . . . . .	<b>11</b>	10,000.
<b>12</b>	Multiply line 11 by 20% (0.20) . . . . .	<b>12</b>	2,000.
<b>13</b>	Enter: \$136,000 if married filing jointly; \$68,000 if single, head of household, or qualifying widow(er) . . . . .	<b>13</b>	136,000.
<b>14</b>	Enter the amount from Form 1040 or 1040-SR, line 8b. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter . . . . .	<b>14</b>	65,779.
<b>15</b>	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19 . . . . .	<b>15</b>	70,221.
<b>16</b>	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er) . . . . .	<b>16</b>	20,000.
<b>17</b>	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>17</b>	1.000
<b>18</b>	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	<b>18</b>	2,000.
<b>19</b>	<b>Nonrefundable education credits.</b> Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040 or 1040-SR), line 3 . . . . .	<b>19</b>	2,000.

Name(s) shown on return VAMSI RAM BOGGINENI & MANASA GINJUPALLI	Your social security number 817-46-0891
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**Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.**

**Part III Student and Educational Institution Information.** See instructions.

<b>20</b> Student name (as shown on page 1 of your tax return) MANASA GINJUPALLI	<b>21</b> Student social security number (as shown on page 1 of your tax return) 842-74-4408
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<b>22</b> Educational institution information (see instructions)	
<b>a.</b> Name of first educational institution NORTHWEST MISSOURI STATE UNIV	<b>b.</b> Name of second educational institution (if any)

<b>(1)</b> Address. Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions. 800 UNIVERSITY DRIVE MARYVILLE MO 64468	<b>(1)</b> Address. Number and street (or P.O. box), City, town or post office, state, and ZIP code. If a foreign address, see instructions.
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<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>(2)</b> Did the student receive Form 1098-T from this institution for 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>(3)</b> Did the student receive Form 1098-T from this institution for 2018 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution. 44-6000301	<b>(4)</b> Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in <b>(2)</b> or <b>(3)</b> . You can get the EIN from Form 1098-T or from the institution.
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**23** Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2019?  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 24.

**24** Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2019 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.  Yes — Go to line 25.  No — **Stop!** Go to line 31 for this student.

**25** Did the student complete the first 4 years of postsecondary education before 2019? See instructions.  Yes — **Stop!** Go to line 31 for this student.  No — Go to line 26.

**26** Was the student convicted, before the end of 2019, of a felony for possession or distribution of a controlled substance?  Yes — **Stop!** Go to line 31 for this student.  No — Complete lines 27 through 30 for this student.



You **can't** take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

**American Opportunity Credit**

<b>27</b> Adjusted qualified education expenses (see instructions). <b>Don't enter more than \$4,000</b> . . . . .	<b>27</b>
<b>28</b> Subtract \$2,000 from line 27. If zero or less, enter -0- . . . . .	<b>28</b>
<b>29</b> Multiply line 28 by 25% (0.25) . . . . .	<b>29</b>
<b>30</b> If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1 . . . . .	<b>30</b>

**Lifetime Learning Credit**

<b>31</b> Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10 . . . . .	<b>31</b>
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15,782.

# Health Savings Accounts (HSAs)

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Form8889](http://www.irs.gov/Form8889) for instructions and the latest information.**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
VAMSI RAM BOGGINENI

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶ 817-46-0891

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2019 (see instructions) . . . . . ▶	<input type="checkbox"/> Self-only <input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2019 (or those made on your behalf), including those made from January 1, 2020, through April 15, 2020, that were for 2019. <b>Do not</b> include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions) . . . . .	2 0.
3	If you were under age 55 at the end of 2019 and, on the first day of <b>every</b> month during 2019, you were, or were considered, an eligible individual with the <b>same</b> coverage, enter \$3,500 (\$7,000 for family coverage). <b>All others</b> , see the instructions for the amount to enter . . . . .	3 7,000.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2019 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2019, also include any amount contributed to your spouse's Archer MSAs . . . . .	4 0.
5	Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5 7,000.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2019, see the instructions for the amount to enter . . . . .	6 7,000.
7	If you were age 55 or older at the end of 2019, married, and you or your spouse had family coverage under an HDHP at any time during 2019, enter your additional contribution amount (see instructions)	7
8	Add lines 6 and 7 . . . . .	8 7,000.
9	Employer contributions made to your HSAs for 2019 . . . . .	9 2,830.
10	Qualified HSA funding distributions . . . . .	10
11	Add lines 9 and 10 . . . . .	11 2,830.
12	Subtract line 11 from line 8. If zero or less, enter -0- . . . . .	12 4,170.
13	<b>HSA deduction.</b> Enter the <b>smaller</b> of line 2 or line 12 here and on Schedule 1 (Form 1040 or 1040-SR), line 12, or Form 1040-NR, line 25 . . . . .	13 0.
<b>Caution:</b> If line 2 is more than line 13, you may have to pay an additional tax (see instructions).		

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2019 from all HSAs (see instructions) . . . . .	14a
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions) . . . . .	14b
c	Subtract line 14b from line 14a . . . . .	14c
15	Qualified medical expenses paid using HSA distributions (see instructions) . . . . .	15
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. Enter "HSA" and the amount on the line next to the box . . . . .	16
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here . . . . . ▶ <input type="checkbox"/>	
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HSA" and the amount on the line next to the box . . . . .	17b

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21. On the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040 or 1040-SR), line 8, or Form 1040-NR, line 60. Check box c on Schedule 2 (Form 1040 or 1040-SR), line 8, or box b on Form 1040-NR, line 60. Enter "HDHP" and the amount on the line next to the box . . . . .	<b>21</b>	