Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

	-					
Submi	ssion Identification Number (SID)					
Taxpaye	er's name	Social securi	ty numl	per		
VEEI	RA SURAJ ABBURI	828-91	-410	0		
Spouse'	s name	Spouse's soo	ial seci	urity numb	er	
Part	Tax Return Information — Tax Year Ending December 31, (Ente	 er year you a	re au	thorizina	n)	
	whole dollars only on lines 1 through 5.	i year you c	iic au	unonzing	9./	
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.					
1	Adjusted gross income		1	9	1,7	52.
2	Total tax		2		3,2	
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3			97.
4	Amount you want refunded to you		4			06.
5	Amount you owe		5			
Part	II Taxpayer Declaration and Signature Authorization (Be sure you get and	keep a cop	y of y	our ret	urn)	
return (to send for any Agent t paymen authoriz paymen busines taxes t persona	oviledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I aboroginal or amended) I am now authorizing. I consent to allow my intermediate service provider, transmit my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for redelay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the loo initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account industry of the form of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminant, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation recessed as a prior to the payment (settlement) date. I also authorize the financial institutions involved in the oreceive confidential information necessary to answer inquiries and resolve issues related to the all identification number (PIN) below is my signature for the income tax return (original or amended) I applied Withdrawal Consent.	nitter, or electricities of the to J.S. Treasury a dicated in the to ion to debit the te the authorize quests must be processing o payment. I fur	onic refransmised ax prepartion. The receiff the elastic according to the receiff the receiff the receiff the according to the receiff the r	turn origin ssion, (b) designated paration so this according to this according to the foliation of the section	the red final fina	(ERO) eason ancial are for This cel) a nan 2 ent of at the
	nic Funds Withdrawal Consent. yer's PIN: check one box only				1	
X		my PIN 1	4 1	1 0 0		s my
	ERO firm name signature on the income tax return (original or amended) I am now authorizing.	ř En		digits, but er all zeros	ac	Jilly
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Your s	ignature ▶ Date ▶					
Spous	se's PIN: check one box only	_			,	
Г	I authorize to enter or generate	my PIN			a	s my
	ERO firm name	-	ter five	digits, but	_	Jilly
	signature on the income tax return (original or amended) I am now authorizing.	do	n't ente	r all zeros		
	I will enter my PIN as my signature on the income tax return (original or amended) I am if you are entering your own PIN and your return is filed using the Practitioner PIN met below.					
Spous	e's signature ▶ Date ▶					
	Practitioner PIN Method Returns Only—continue belov	V				
Part	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 Don't ent	8 6 er all 76		8 9)
authori	that the above numeric entry is my PIN, which is my signature for the electronic individual income to the for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am subments of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of	tax return (orig mitting this ret	inal or urn in a	amended) accordanc		
ERO's	signature ▶ Date ▶					
	ERO Must Retain This Form — See Instructions	D. C				
	Don't Submit This Form to the IRS Unless Requested To	Do So				

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		,	_				
Your first name			Last na	me					You	ır so	cial security	y number	
VEERA S	JRAJ		ABBU	JRI	82	8-9	91-4100)					
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
	•	er and street). If you have a P.O. box, se LIA STREET	ee instruction	ons.				Apt. no.	Che	eck h	ere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also o	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a	
PORTLANI					7229		box below will not change						
Foreign country	y name			Foreign province/state	e/coun	ty	Fo	reign postal cod	de you	r tax	or refund.	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial ir	nterest i	n any virtual	currence	cy?	Yes	X No	
Standard Deduction		neone can claim:	•			'	ent						
Age/Blindness	You	: Were born before January 2,	1956	Are blind S	oouse	: Was	s born b	efore Januai	y 2, 19	56	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qualifie	es for	(see instruc	ctions):	
If more		irst name Last name		number	•	to y	ou .	Child ta		- 1		ner dependents	
than four													
dependents, see instruction]				
and check]			<u> </u>	
here ▶]				
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. [1	9	96,582.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable int	erest			2b			
required.	3a	Qualified dividends	3a		b (Ordinary di	vidends			3b			
	4a	IRA distributions	4a		b T	axable am	ount .		.	4b			
	5a	Pensions and annuities	5a		b T	axable am	ount .		.	5b			
Standard	6a	Social security benefits	6a		b T	axable am	ount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not red	quirec	, check he	ere .	•	· 🗆 📗	7			
Married filing	8	Other income from Schedule 1, li	ne 9 .						. [8		-4,580.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				▶	9	9	92,002.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you tak	you take the standard deduction. See instructions 10b 250. hese are your total adjustments to income										
Head of	С	Add lines 10a and 10b. These are									;	250.	
household, \$18,650	11	Subtract line 10c from line 9. This	. This is your adjusted gross income								9	91,752.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				. [12	1	L2,400.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	8995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13							. [14	1	12,400.	
See monuctions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	s, ente	er-0			. [15	7	79,352.	

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌	-		. 16	13,253.
	17	Amount from Schedule 2, lir	ne 3						. 17	
	18	Add lines 16 and 17							. 18	13,253.
	19	Child tax credit or credit for	other dependen	ts					. 19	
	20	Amount from Schedule 3, lir	ne 7						. 20	
	21	Add lines 19 and 20							. 21	
	22	Subtract line 21 from line 18							. 22	13,253.
	23	Other taxes, including self-e							. 23	0.
	24	Add lines 22 and 23. This is			,				▶ 24	13,253.
	25	Federal income tax withheld	-							13,233.
	а	Form(s) W-2				25a	15	,39	7.	
	b	Form(s) 1099				25b		,		
	c	Other forms (see instruction				25c				
	d	Add lines 25a through 25c	•						. 25d	15,397.
	26	2020 estimated tax paymen								13,357.
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27	 	•	. 20	
attach Sch. EIC.	28	Additional child tax credit. A				28				
If you have nontaxable										
combat pay,	29	American opportunity credit		•		29		26	_	
see instructions.	30	Recovery rebate credit. See				30		36	۷.	
	31	Amount from Schedule 3, lir		262						
	32	Add lines 27 through 31. The	•						32	362.
	33	Add lines 25d, 26, and 32. T						•		15,759.
Refund	34	If line 33 is more than line 24				-	-		. 34	2,506.
5	35a	Amount of line 34 you want							35a	2,506.
Direct deposit? See instructions.	►b	Routing number 0 2 1			▶ c Type: 🔀	Checl	king [Savin	gs	
	► d	Account number 8 5 6				100	ᆛ			
<u> </u>	36	Amount of line 34 you want								
Amount You Owe	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now				▶ 37	
For details on		Note: Schedule H and Sch	for							
how to pay, see		2020. See Schedule 3, line								
instructions.	38	Estimated tax penalty (see in				38				
Third Party		you want to allow another	•				□ v •• 0	مامممام	ta balaw	⊠ No
Designee				Phone		. •	☐ Yes. C	•		▲ NO
		signee's ne ▶		no.				ber (PII	entification N) ►	
Sign	Un	der penalties of perjury, I declare	that I have examine	ed this return and	I accompanying sch	nedules a	and stateme	nts, an	d to the bes	st of my knowledge and
		ief, they are true, correct, and com								
Here	Yo	ur signature		Date	Your occupation					nt you an Identity
	k									IN, enter it here
Joint return?				5.	AWS/ BIG I		ENGINE	110	see inst.)	<u> </u>
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return,	both must sign.	Date	Spouse's occupat	tion				nt your spouse an ection PIN, enter it here
your records.									see inst.)	I I I I I I I I I I I I I I I I I I I
	———Ph	one no.		Email address						
		eparer's name	Preparer's signat	l .		Date		PTIN		Check if:
Paid		PRIYA RAM SAGAR GUPTA TALLAM	1 .		GUPTA TALLAM		10/2021	P02	082703	Self-employed
Preparer		m's name ► GLOBAL TA				_ 02/.				(678)965-9522
Use Only		m's address ► 2530 Pebb		n Cummin	g GA 30041				Firm's EIN	
Go to warn in a						DE:	00/07/04 PD		J LIIV	Form 1040 (2020)
GO TO WWW.IIS.go	virom	n1040 for instructions and the late	ət illiüllilällüll.		BAA	KEV	02/07/21 PR	,		rom 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

VEERA SURAJ ABBURI

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

828-91-4100

Par	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	-4,580.
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	4 500
Par	line 8	9	-4,580.
		40	
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		
С	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Your social security number

	A SURAJ ABBURI								28-91		
Part		n Rental Real Estate and Roy tions. If you are an individual, repo			-						
A Dic	you make any payments in	2020 that would require you to	file F	orm(s) 10	99? Se	ee instr	uctions .			Y	es 🗵 No
B If "	Yes," did you or will you file	required Form(s) 1099?								□ Y	es 🗌 No
1a		property (street, city, state, ZIP									
A	KUMMARIKUNTA GRAM	PANCHAYA HYDERABAD T	ELA	NGANA :	IN 50	1505					
B											
C											
1b	Type of Property (from list below)	For each rental real estate propabove, report the number of fai personal use days. Check the C	r rent	al and			Rental Days	Per	sonal Days	Use	QJV
A	3	if you meet the requirements to file as a A 365								0	
B		qualified joint venture. See instructions.									
C					С						
	of Property:										
	, ,	Vacation/Short-Term Rental				7 Self-					
2 Mul	,		6 Rc	yalties		3 Othe	r (describe)				
		Properties:			Α	C F O	В	•			С
	Rents received		3		- (550.					
	Royalties received		4								
Expen 5	Advertising		5			80.					
6	Auto and travel (see instruc		6			350.					
7	Cleaning and maintenance	•	7			150.					
8	Commissions		8		-	150.					
9	Insurance		9								
10	Legal and other professiona		10								
11	Management fees		11								
12	_	anks, etc. (see instructions)	12								
13	Other interest		13		4,5	500.					
14	Repairs		14			150.					
15	Supplies		15								
16	Taxes		16								
17	Utilities		17								
18	Depreciation expense or de	epletion	18								
19	Other (list)		19								
20	Total expenses. Add lines 5	9	20		5,2	230.					
21		(rents) and/or 4 (royalties). If									
		ctions to find out if you must	_			- 0 0					
	file Form 6198		21		-4,5	580.					
22	on Form 8582 (see instruct	*	22	(-4,5	80.)	()()
23a		ed on line 3 for all rental proper				23a		6.	50.		
b	-	ed on line 4 for all royalty prope	erties			23b					
C		ed on line 12 for all properties				23c					
d	•	ed on line 18 for all properties				23d					
e		ed on line 20 for all properties				23e		5,2			
24	·	ounts shown on line 21. Do not		-				.	24		4 500 \
25	• •	rom line 21 and rental real estate						İ	25 (4,580.)
26		nd royalty income or (loss).									
		d line 40 on page 2 do not a le 5. Otherwise, include this an						on .	26		-4,580.

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Oregon Department of Revenue



Office	use	only	

Oregon Individual Income	Tax Return for	r Full-year Residents
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			S	ubmit original f	orm-	–do no	t submit p	hotocopy				
Fiscal year ending:						1			arcode—do not v	vrite in box	below	
Amended return. If a tax Calculated using "as Short-year tax electi Extension filed. Form OR-24.												
First name VEERA SURAJ ABBURI Spouse's first name Initial Last name ABBURI Spouse's last name			t name				Deceased Deceased	Social Security 828-91- Spouse's SSN		First time u this SSN (s instructions First time u this SSN (s instructions	ee for ITIN sing Applied for ITIN	
Current mailing address	<u> </u>							Date of birth (n	nm/dd/yyyy)	Spouse's o	late of birth	
15137 NW DELI					04/28/1	.993						
City			State	ZIP code		С	ountry			Phone		
PORTLAND			OR	97229	,	U	SA			(971) 772-9090	
 Filing status (check only one box) Single. Married filing jointly. Married filing separately (enter spouse's information above). Head of household (with qualifying dependent). Qualifying widow(er) with dependent child. 					Exemptions 6a. Credits for yourself: Regular Severely disabled 6a. Check box if someone else can claim you as a dependent. 6b. Credits for spouse: Regular Severely disabled 6b. Check box if someone else can claim your spouse as a dependent.							
Dependents. List your dwith your return.	lepend	dents in orde	r from yo	ungest to olde	st. If	more th	an four, ch	eck this box	and include	de Schedu	le OR-ADD-DEP	
First name			Last nam	ne		Code*	Depe	endent's SSN	Dependent of birth (mm/		Check if child with qualifying disability	
*Dependent relationship code 6c. Total number of depen												
6d. Total number of depen												
6e. Total exemptions. Add											1	

VEERA SURAJ ABBURI

Oregon Department of Revenue



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SSN 828-91-4100

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

Taxa	able income	
	Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11;	
	or 1040-X, line 1C (see instructions)	91,752.00
8.	Total additions from Schedule OR-ASC, section 1	
	Income after additions. Add lines 7 and 8	91,752.00
Sub	tractions	
10.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6,950.00
11.	Social Security included on federal Form 1040 or 1040-SR, line 6b	•
12.	Oregon income tax refund included in federal income	
13.	Total subtractions from Schedule OR-ASC, section 2	
14.	Total subtractions. Add lines 10 through 13	6,950.00
15.		84,802.00
Ded	uctions	
	Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you	
	are not itemizing your deductions, enter 0	0.00
17.	Standard deduction. Enter your standard deduction (see instructions)	2,315.00
	You were: 17a. 65 or older 17b. Blind Your spouse was: 17c. 65 or older 17d. Blind	
18.	Enter the larger of line 16 or 17	2,315.00
19.	Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0	82,487.00
Ore	gon tax	
20.	Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions) 20.	6,965.00
	20a. Schedule OR-FIA-40 20b. Worksheet FCG 20c. Schedule OR-PTE-FY	
21.	Interest on certain installment sales	
	Total tax before credits. Add lines 20 and 21	6,965.00
Stor	ndard and carryforward credits	
	Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on	
23.	line 6e by \$210. Otherwise, see instructions	210.00
24.	Political contribution credit. See limits in instructions	210.00
25.	Total standard credits from Schedule OR-ASC, section 3	
26.	Total standard credits. Add lines 23 through 25	210.00
27.	Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0	6,755.00
28.	Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more	2,.22.00
20.	than line 27 (see Schedule OR-ASC instructions)	
29	Tax after standard and carryforward credits. Line 27 minus line 28	6,755,00

VEERA SURAJ ABBURI

Oregon Department of Revenue



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ssn 828-91-4100

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

Pay	ments and refundable credits		
30.	Oregon income tax withheld. Include a copy of your Forms W-2 and 1099	. 30.	7,422.00
31.	Amount applied from your prior year's tax refund	. 31.	
32.	Estimated tax payments for 2020. Include all payments you made prior to the filing date of this return.		
	Do not include the amount you already reported on line 31		
33.	Earned income credit (see instructions)	. 33.	
34.	Reserved		
35.	Total refundable credits from Schedule OR-ASC, section 5	. 35.	
36.	Total payments and refundable credits. Add lines 30 through 35	. 36.	7,422.00
Тах	to pay or refund		
37.	Overpayment of tax. If line 29 is less than line 36, you overpaid. Line 36 minus line 29	. 37.	667.00
38.	Net tax. If line 29 is more than line 36, you have tax to pay. Line 29 minus line 36	. 38.	
39.	Penalty and interest for filing or paying late (see instructions)	. 39.	
40.	Interest on underpayment of estimated tax. Include Form OR-10	. 40.	
	Exception number from Form OR-10, line 1: 40a Check box if you annualized: 40b.		
41.	Total penalty and interest due. Add lines 39 and 40	. 41.	
42.	Net tax including penalty and interest. Line 38 plus line 41This is the amount you owe	. 42.	
43.	Overpayment less penalty and interest. Line 37 minus line 41		667.00
44.	Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account	. 44.	
45.	Charitable checkoff donations from Schedule OR-DONATE, line 30	. 45.	
46.	Political party \$3 checkoff. Party code: 46a. You. 46b. Spouse	. 46.	
47.	Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions)		
48.	Total. Add lines 44 through 47. Total can't be more than your refund on line 43		
49.	Net refund. Line 43 minus line 48	I. 49.	667.00
Dire	ct deposit		
50.	For direct deposit of your refund, see instructions. Check the box if the final deposit destination is outside the	United States:	
	Type of account:		
	Routing number: 021100361		
	Account number: 856963819		
Rese	erved		

00462001041555

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Oregon Department of Revenue

Name	SSN			
VEERA SURAJ ABBURI	828-91-4100			
Note: Reprint page 1 if you make changes to this page.				
, , , , , , , , , , , , , , , , , , ,				
Sign here. Under penalty of false swearing, I declare that the information		and complete.		
Your signature	Date			
X				
Spouse's signature (if filing jointly, both must sign)	Date			
X Signature of preparer other than taxpayer	Duranaman	In 11		
	Preparer phone	Preparer license	number,	if professionally prepared
XSYAM PRIYA RAM SAGAR GUPTA TALLAM	(678) 965-9522		<u> </u>	lain i
Preparer address	City		State	ZIP code
2530 PEBBLE CREEK LN	CUMMING		GA	30041
Signing this return does not grant your preparer the right to represent you	or make decisions on your beh	alf. For more info	rmation	, see the instructions for
the Tax Information Authorization and Power of Attorney for Representatio	n form on our website.			
Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1	040-NR, or 1040-NR-EZ. With	out this informat	tion, we	e may adjust your
return.				
Make your payment (if you have an amount due on line 42)				
Online payments: Visit our website at www.oregon.gov/dor.				
Mailing your payment: Make your check or money order payable to t	he <mark>Oregon Department of Re</mark>	venue. Write "20	20 Ore	gon Form OR-40"
and the last four digits of your SSN or ITIN on your check or money or	der. Include your payment with	this return. Don	't use th	ne Form OR-40-V
payment voucher if you're mailing your payment with your return.				
Send in your return				
Non-2-D barcode. If the 2-D barcode area on the front of this return is	s blank:			
Mail tax-due returns to: Oregon Department of Revenue, PO Box				
Mail refund and no-tax-due returns to: Oregon Department of Revenue.)R 97309-0930		
• 2-D barcode. If the 2-D barcode area on the front of this return is filled				
Mail tax-due returns to: Oregon Department of Revenue, PO Box				
Mail refund and no-tax-due returns to: Oregon Department of Revenue, 10 department of Reven		DR 97309-0460		
Mail Terana and no-tax-ade retains to. Oregon Department of his	vende, i o box 147 to, oalem e	71 37 303 0400.		
Amended statement. Complete this section only if you're amending	vour 2020 return or filing with a	new SSN.		
3	,			
If filing an amended return, use this space to explain what you're changi	na. Include the return line numb	pers and the reas	on for e	each change. If your
filing status has changed, explain why. Include all supporting forms and	~			
anything on them.		, 0	, ,	ou navon t onangou
If filing with a new SSN, enter your former identification number.				
g a you lao. lao. lao. lao. lao. lao. lao				

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-007

IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box.	If yo	Single Married filing jointly u checked the MFS box, enter the son is a child but not your depende	name of	ed filing separately your spouse. If you		_		,	_				
Your first name			Last na	me					You	ır so	cial security	y number	
VEERA S	JRAJ		ABBU	JRI	82	8-9	91-4100)					
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spo	Spouse's social security number			
	•	er and street). If you have a P.O. box, se LIA STREET	ee instruction	ons.				Apt. no.	Che	eck h	ere if you,	•	
City, town, or p	ost offi	ce. If you have a foreign address, also c	complete s	paces below.	Sta			code			0,	tly, want \$3 Checking a	
PORTLANI					7229		box below will not change						
Foreign country	y name			Foreign province/state	e/coun	ty	Fo	reign postal cod	de you	r tax	or refund.	Spouse	
At any time du	ıring 20	020, did you receive, sell, send, ex	change, c	or otherwise acquir	e any	financial ir	nterest i	n any virtual	currence	cy?	Yes	X No	
Standard Deduction		neone can claim:	•			'	ent						
Age/Blindness	You	: Were born before January 2,	1956	Are blind S	oouse	: Was	s born b	efore Januai	y 2, 19	56	☐ Is bli	nd	
Dependents	s (see	instructions):		(2) Social securi	ty	(3) Relat	ionship	(4) 🗸	if qualifie	es for	(see instruc	ctions):	
If more		irst name Last name		number	•	to y	ou .	Child ta		- 1		ner dependents	
than four													
dependents, see instruction]				
and check]			<u> </u>	
here ▶]				
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2					. [1	9	96,582.	
Attach Sch. B if	2a	Tax-exempt interest	2a		b T	axable int	erest			2b			
required.	3a	Qualified dividends	3a		b (Ordinary di	vidends			3b			
	4a	IRA distributions	4a		b T	axable am	ount .		.	4b			
	5a	Pensions and annuities	5a		b T	axable am	ount .		.	5b			
Standard	6a	Social security benefits	6a		b T	axable am	ount .			6b			
Deduction for— Single or	7	Capital gain or (loss). Attach Sche	edule D if	frequired. If not red	quirec	, check he	ere .	•	· 🗆 📗	7			
Married filing	8	Other income from Schedule 1, li	ne 9 .						. [8		-4,580.	
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total in	come				▶	9	9	92,002.	
Married filing	10	Adjustments to income:											
jointly or Qualifying	а	From Schedule 1, line 22					10a						
widow(er), \$24,800	b	Charitable contributions if you tak	you take the standard deduction. See instructions 10b 250. hese are your total adjustments to income										
Head of	С	Add lines 10a and 10b. These are									;	250.	
household, \$18,650	11	Subtract line 10c from line 9. This	. This is your adjusted gross income								9	91,752.	
If you checked	12	Standard deduction or itemized	d deduct	ions (from Schedu	le A)				. [12	1	L2,400.	
any box under Standard	13	Qualified business income deduc	ction. Atta	ach Form 8995 or F	orm 8	8995-A .				13			
Deduction, see instructions.	14	Add lines 12 and 13							. [14	1	12,400.	
See monuctions.	15	Taxable income. Subtract line 1-	4 from lin	e 11. If zero or less	s, ente	er-0			. [15	7	79,352.	

Form 1040 (2020))										Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 881	4 2 4972	3 🗌			. 16	13,2	253.
	17	Amount from Schedule 2, lir	ne 3						. 17		
	18	Add lines 16 and 17							. 18	13,2	 253.
	19	Child tax credit or credit for	other dependen	ts					. 19		
	20	Amount from Schedule 3, lir	ne 7						. 20		
	21	Add lines 19 and 20							. 21		
	22	Subtract line 21 from line 18	B. If zero or less,	enter -0					. 22	13,2	 253.
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				. 23		0.
	24	Add lines 22 and 23. This is			,				▶ 24	13.2	253.
	25	Federal income tax withheld	-								
	а	Form(s) W-2				25a	15	,39	7.		
	b	Form(s) 1099				25b		,			
	c	Other forms (see instruction				25c					
	d	Add lines 25a through 25c	•						. 25d	15,3	397.
	26	2020 estimated tax paymen								1375	,,,,
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27		•	. 20	_	
attach Sch. EIC.	28	Additional child tax credit. A				28					
If you have nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		•		30		36	2		
see instructions.	31	Amount from Schedule 3. lir				31		30	۷٠		
	32	Add lines 27 through 31. The					odito.		▶ 32	-	362.
	33	Add lines 25d, 26, and 32. T	•						· <u></u>	15,7	
		If line 33 is more than line 24						•			
Refund	34					-	-		. 34		506. 506.
	35a	Amount of line 34 you want Routing number 0 2 1				Ck nere			35a	4,5	500.
Direct deposit? See instructions.	►b ►d	Account number 8 5 6			▶ c Type: 🛚 🗵	J Crieci	king	Savir	igs		
	36	Amount of line 34 you want			vet be	36					
Amount		•							▶ 37	+	
You Owe	37	Subtract line 33 from line 24									
For details on		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.									
how to pay, see instructions.	38	Estimated tax penalty (see in	•			38	1				
Third Party Designee		you want to allow another	•				Yes. C	omple	ete helow	× No	
Designee		signee's		Phone		. ,		•	dentification	_	
		me ▶		no.				ber (P			
Sign Here		der penalties of perjury, I declare									
	bel	ief, they are true, correct, and com	plete. Declaration	of preparer (other	r than taxpayer) is b	ased on	all informati	on of \	vhich prepa	rer has any knov	vledge.
TICIC	Yo	ur signature	Date Your occupation						ent you an Identi		
	N				AWS/ BIG DATA ENGINEER				Protection F (see inst.) ▶	PIN, enter it here	<u>.</u>
Joint return? See instructions.	Sn.	Spouse's signature. If a joint return, both must sign.		Date	Spouse's occupation			110	, ,	ent your spouse	20
Keep a copy for	Ор	ouse's signature. If a joint return,	Spouse's occupation						tection PIN, ente		
your records.					l l				(see inst.) 🕨		
	Ph	one no.		Email address							
Paid Preparer Use Only	Pre	eparer's name	Preparer's signat	ure		Date		PTI	١	Check if:	
	SYAM	PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA	M PRIYA RAM SAGAR GUPTA TALLAM 02/1			10/2021	P02	082703	Self-emp	loyed
	Fire	m's name ▶ GLOBAL TA						Phone no.	(678)965-	9522	
	Fir	m's address ▶ 2530 Pebb	le Creek L	n Cummin	g GA 30041				Firm's EIN		
Go to www.irs.ad	ov/Forn	n1040 for instructions and the late	est information.		BAA	REV	02/07/21 PR			Form 10 4	
9						•					,/

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020

Attachment
Seguence No. 01

Department of the Treasury Internal Revenue Service

VEERA SURAJ ABBURI

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

► Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment Sequence No. 01 Your social security number

828-91-4100

Par	t I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1		
2a	Alimony received	2a		
b	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	-4,580.	
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	4 500	
Par	Ine 8	9	-4,580.	
		40		
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			
С	Date of original divorce or separation agreement (see instructions) ▶			
19	IRA deduction	19		
20	Student loan interest deduction	20		
21	Tuition and fees deduction. Attach Form 8917	21		
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22		