

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

Your first name and middle initial ANEESH REDDY		Last name KETHI REDDY		Your social security number 645-81-8640	
If joint return, spouse's first name and middle initial ASHWITHA		Last name NAGIREDDY		Spouse's social security number 975-96-6419	
Home address (number and street). If you have a P.O. box, see instructions. 7218 W 115TH STREET				Apt. no. 1008	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
City, town, or post office. If you have a foreign address, also complete spaces below. OVERLAND PARK			State KS	ZIP code 66210	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	80,628.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	-4,000.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	76,628.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a	4,000.		
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c		4,000.	
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶	11		72,628.	
	12	Standard deduction or itemized deductions (from Schedule A)	12		24,800.	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A	13				
14	Add lines 12 and 13	14		24,800.		
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15		47,828.		

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

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,344.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5,344.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	2,000.
21	Add lines 19 and 20	21	2,000.
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,344.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,344.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,386.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	7,386.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	1,800.
33	Add lines 25d, 26, and 32. These are your total payments	33	9,186.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	5,842.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	5,842.
b	Routing number 1 2 3 1 0 3 7 1 6	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 1 3 9 1 0 1 2 3 6 9 3 2		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions **Yes**. Complete below. **No**

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation HOME MAKER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (210) 702-9775 Email address aneshkqa@gmail.com

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/29/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041		Phone no. (678) 965-9522	Firm's EIN 30-1017196

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

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ANEESH REDDY KETHI REDDY & ASHWITHA NAGIREDDY	Your social security number 645-81-8640
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Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,000.
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	-4,000.

Part II Adjustments to Income

10 Educator expenses	10	
11 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12 Health savings account deduction. Attach Form 8889	12	
13 Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14 Deductible part of self-employment tax. Attach Schedule SE	14	
15 Self-employed SEP, SIMPLE, and qualified plans	15	
16 Self-employed health insurance deduction	16	
17 Penalty on early withdrawal of savings	17	
18a Alimony paid	18a	
b Recipient's SSN ▶ _____		
c Date of original divorce or separation agreement (see instructions) ▶ _____		
19 IRA deduction	19	
20 Student loan interest deduction	20	
21 Tuition and fees deduction. Attach Form 8917	21	4,000.
22 Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	4,000.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2020
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR ANEESH REDDY KETHI REDDY & ASHWITHA NAGIREDDY	Your social security number 645-81-8640
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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 on Form 1040, 1040-SR, or 1040-NR, line 20	7	2,000.

Part II Other Payments and Refundable Credits

8 Net premium tax credit. Attach Form 8962		
9 Amount paid with request for extension to file (see instructions)		
10 Excess social security and tier 1 RRTA tax withheld		
11 Credit for federal tax on fuels. Attach Form 4136		
12 Other payments or refundable credits:		
a Form 2439	12a	
b Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202	12b	
c Health coverage tax credit from Form 8885	12c	
d Other: _____	12d	
e Deferral for certain Schedule H or SE filers (see instructions)	12e	
f Add lines 12a through 12e	12f	
13 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	13	

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

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Schedule 3 (Form 1040) 2020

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

OMB No. 1545-0074

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

2020

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **13**

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

Name(s) shown on return

Your social security number

ANEESH REDDY KETHI REDDY & ASHWITHA NAGIREDDY

645-81-8640

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions **Yes** **No**

B If "Yes," did you or will you file required Form(s) 1099? **Yes** **No**

1a	Physical address of each property (street, city, state, ZIP code)				
A	Nandipet Nizamabad TELANGANA IN 503212				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	1		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		150.		
6	Auto and travel (see instructions)	6		200.		
7	Cleaning and maintenance	7				
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		4,000.		
14	Repairs.	14		250.		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		4,600.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-4,000.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22		(-4,000.)	()	()
23a	Total of all amounts reported on line 3 for all rental properties	23a			600.	
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e			4,600.	
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(4,000.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26				-4,000.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

Education Credits
(American Opportunity and Lifetime Learning Credits)

▶ Attach to Form 1040 or 1040-SR.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

ANEESH REDDY KETHI REDDY & ASHWITHA NAGIREDDY

Your social security number

645-81-8640



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

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30	1	
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	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)	6	
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't 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"/>	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040 or 1040-SR, line 29. Then go to line 9 below.	8	

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	9	
10	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	10	11,354.
11	Enter the smaller of line 10 or \$10,000	11	10,000.
12	Multiply line 11 by 20% (0.20)	12	2,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or qualifying widow(er)	13	138,000.
14	Enter the amount from Form 1040 or 1040-SR, line 11. If you're filing Form 2555 or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14	72,628.
15	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	15	65,372.
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16	20,000.
17	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)	17	1.000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions) ▶	18	2,000.
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Schedule 3 (Form 1040), line 3	19	2,000.

Name(s) shown on return ANEESH REDDY KETHI REDDY & ASHWITHA NAGIREDDY	Your social security number 645-81-8640
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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.

20 Student name (as shown on page 1 of your tax return) ASHWITHA NAGIREDDY	21 Student social security number (as shown on page 1 of your tax return) 975-96-6419
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22 Educational institution information (see instructions)

<p>a. Name of first educational institution UNIVERSITY OF CENTRAL MISSOURI</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. Ward Edwards 1100 WARRENSBURG MO 64093</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution. 45-2877298</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2019 with box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>
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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 2020? 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 2020 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 2020? 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 2020, 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

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 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	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10	31	11,354.
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Tuition and Fees Deduction

OMB No. 1545-0074

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

Attachment
 Sequence No. **60**

Name(s) shown on return: **ANEESH REDDY KETHI REDDY & ASHWITHA NAGIREDDY**
 Your social security number: **645-81-8640**



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

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

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

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)
	First name Last name		
	ANEESH REDDY KETHI REDDY	645-81-8640	11,300.
2	Add the amounts on line 1, column (c), and enter the total		2 11,300.
3	Enter the amount from your "total income" line of Form 1040 or 1040-SR	3 76,628.	
4	<ul style="list-style-type: none"> • For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36. • For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22. • For later years: See www.irs.gov/Form8917 to find out if the line references above for 2019 have changed 	4	
5	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), stop ; you can't take the deduction for tuition and fees <small>* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.</small>		5 76,628.
6	Tuition and fees deduction. Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)? <input type="checkbox"/> Yes. Enter the smaller of line 2, or \$2,000. } <input checked="" type="checkbox"/> No. Enter the smaller of line 2, or \$4,000. }		6 4,000.

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



ANEESH REDDY	KETHI REDDY	2107029775	KETH	645818640
ASHWITHA	NAGIREDDY			
7218 W 115TH STREET APT 1008		JO 229	NAGI	975966419
OVERLAND PARK	KS 66210			

Name or address has changed? Taxpayer or (spouse if filing joint) died during this tax year Taxpayer was engaged in commercial farming/fishing in 2020

Amended Return: Amended affects Kansas only Amended Federal tax return Adjustment by the IRS

Filing Status: Single Married Filing Joint (Even if only one had income) Married Filing Separate Head of Household (Do not check if filing joint return)

Residency Status: Resident NonResident (Complete Sch S, Part B) State of Legal Residence _____
Part-Year Resident (Complete Sch S, Part B) From _____ To _____

Exemptions: 2 Enter the total exemptions for you, your spouse (if applicable), and each person you claim as a dependent. If filing status above is Head of Household, add one exemption. 2 **Total Kansas exemptions**

In the following spaces, provide the requested information for all persons you claimed as dependents. **DO NOT include you or your spouse.** If additional space is needed, enclose a separate sheet, only after completing all nine lines below.

Dependent Name - First, Middle and Last	Date of Birth - MMDDYYYY	Relationship	SSN
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Food Sales Tax Credit: You must have been a Kansas resident for **ALL** of 2020. Complete this section to determine your qualifications and credit. If you did not mark A, B, and C, **STOP HERE;** you do not qualify for this credit.

- | | | |
|--|--|-------------------|
| <p>A. Had a dependent child who lived with you all year and was under the age of 18 all of 2020?</p> <p>B. Were you (or spouse) 55 years of age or older all of 2020 (born prior to January 1, 1965)?</p> <p>C. Were you (or spouse) totally and permanently disabled or blind all of 2020, regardless of age?</p> <p>D. If you answered YES to A, B, or C, enter your FAGI from line 1 of this return. If it is more than \$30,615 STOP HERE, you do not qualify for this credit.</p> | <p>E. Number of exemptions claimed</p> <p>F. Number of dependents that are 18 years of age or older (born on or before January 1, 2003)</p> <p>G. Total qualifying exemptions (subtract line F from line E)</p> <p>H. Food Sales Tax Credit (multiply line G by \$125). Enter result here and on line 18 of this form.</p> | <p>0</p> <p>0</p> |
|--|--|-------------------|



2020 Form OR-40-N

Page 1 of 5, 150-101-048
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



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Office use only	

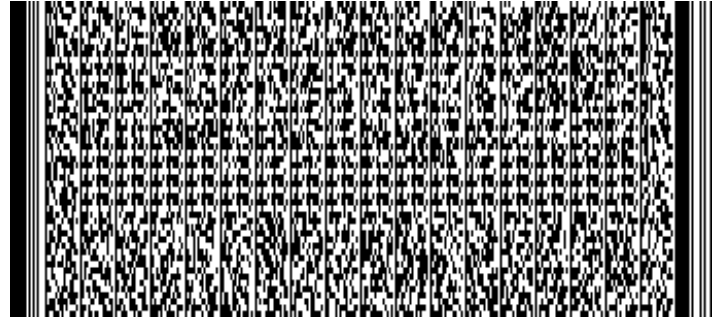
Oregon Individual Income Tax Return for Nonresidents

Submit original form—do not submit photocopy

Fiscal year ending:

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

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



First name ANEESH REDDY	Initial	Last name KETHI REDDY	<input type="checkbox"/> Deceased	Social Security no. (SSN) 645-81-8640	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name ASHWITHA	Initial	Spouse's last name NAGIREDDY	<input type="checkbox"/> Deceased	Spouse's SSN 975-96-6419	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address 7218 W 115TH STREET APT 1008			Date of birth (mm/dd/yyyy) 10/25/1990	Spouse's date of birth 07/05/1995		
City OVERLAND PARK	State KS	ZIP code 66210	Country USA	Phone (210) 702-9775		

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

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

Exemptions

6a. Credits for yourself: Regular Severely disabled 6a. **1**

Check box if someone else can claim you as a dependent.

6b. Credits for spouse: Regular Severely disabled 6b. **1**

Check box if someone else can claim your spouse as a dependent.

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

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

*Dependent relationship code (see instructions).

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

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Oregon Department of Revenue



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Name ANEESH REDDY KETHI REDDY	SSN 645-81-8640
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Note: Reprint page 1 if you make changes to this page.

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2 7F.	80,628.00	7S. 7,786.00
8. Interest income from Form 1040 or 1040-SR, line 2b..... 8F.		8S.
9. Dividend income from Form 1040 or 1040-SR, line 3b..... 9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 1..... 10F.		10S.
11. Alimony received from federal Schedule 1, line 2a..... 11F.		11S.
12. Business income or loss from federal Schedule 1, line 3..... 12F.		12S.
13. Capital gain or loss from Form 1040 or 1040-SR, line 7..... 13F.		13S.
14. Other gains or losses from federal Schedule 1, line 4..... 14F.		14S.
15. IRA distributions from Form 1040 or 1040-SR, line 4b..... 15F.		15S.
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b..... 16F.		16S.
17. Schedule E income or loss from federal Schedule 1, line 5..... 17F.	-4,000.00	17S. 0.00
18. Farm income or loss from federal Schedule 1, line 6..... 18F.		18S.
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8..... 19F.		19S.
20. Total income. Add lines 7 through 19..... 20F.	76,628.00	20S. 7,786.00

Adjustments

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19..... 21F.		21S.
22. Education deductions from federal Schedule 1, lines 10, 20, and 21..... 22F.	4,000.00	22S. 0.00
23. Moving expenses from federal Schedule 1, line 13..... 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 14..... 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 16..... 25F.		25S.
26. Alimony paid from federal Schedule 1, line 18a..... 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1..... 27F.		27S.
28. Total adjustments. Add lines 21 through 27..... 28F.	4,000.00	28S.
29. Income after adjustments. Line 20 minus line 28..... 29F.	72,628.00	29S. 7,786.00

Additions

30. Total additions from Schedule OR-ASC-NP, section 2..... 30F.		30S.
31. Income after additions. Add lines 29 and 30..... 31F.	72,628.00	31S. 7,786.00

Subtractions

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F..... 32F.		
33. Total subtractions from Schedule OR-ASC-NP, section 3..... 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33..... 34F.	72,628.00	34S. 7,786.00
35. Oregon percentage (see instructions; not more than 100.0%)..... 35.	10.7 %	

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Table with 2 columns: Name (ANEESH REDDY KETHI REDDY) and SSN (645-81-8640)

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

Deductions and modifications

Table with 2 columns: Line number and Amount. Rows include 36 (7,786.00), 37 (0.00), 38 (4,630.00), 39 (4,630.00), 40 (1,544.00), 41 (0.00), 42 (661.00), 43 (661.00), 44 (661.00), 45 (7,125.00)

Oregon tax

Table with 2 columns: Line number and Amount. Rows include 46 (338.00), 47 (338.00), 48 (338.00)

Standard and carryforward credits

Table with 2 columns: Line number and Amount. Rows include 49 (45.00), 50 (45.00), 51 (293.00), 52 (293.00), 53 (293.00), 54 (293.00)

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include 55 (569.00), 56 (569.00), 57 (569.00), 58 (569.00), 59 (569.00), 60 (Reserved), 61 (569.00), 62 (569.00)

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00542001041555

Name ANEESH REDDY KETHI REDDY	SSN 645-81-8640
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Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund

- 63. Overpayment of tax. If line 54 is less than line 62, you overpaid. Line 62 minus line 54..... 63. 276.00
 - 64. Net tax. If line 54 is more than line 62, you have tax to pay. Line 54 minus line 62..... 64.
 - 65. Penalty and interest for filing or paying late (see instructions)..... 65.
 - 66. Interest on underpayment of estimated tax. Include Form OR-10..... 66.
- Exception number from Form OR-10, line 1: 66a. Check box if you annualized: 66b.
- 67. Total penalty and interest due. Add lines 65 and 66 67.
 - 68. Net tax including penalty and interest. Line 64 plus line 67..... This is the amount you owe. 68.
 - 69. Overpayment less penalty and interest. Line 63 minus line 67 This is your refund. 69. 276.00
 - 70. Estimated tax. Fill in the portion of line 69 you want applied to your open estimated tax account..... 70.
 - 71. Charitable checkoff donations from Schedule OR-DONATE, line 30..... 71.
 - 72. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) 72.
 - 73. Total. Add lines 70 through 72. The total can't be more than your refund on line 69..... 73.
 - 74. Net refund. Line 69 minus line 73..... This is your net refund. 74. 276.00

Direct deposit

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

Type of account: Checking or Savings

Routing number: 123103716

Account number: 139101236932

Reserved

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Oregon Department of Revenue



00542001051555

Name: ANEESH REDDY KETHI REDDY
SSN: 645-81-8640

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

Sign here. Under penalty of false swearing, I declare that the information in this return is true, correct, and complete.

Your signature: X
Date:
Spouse's signature: X
Date:
Signature of preparer other than taxpayer: XSYAM PRIYA RAM SAG
Preparer phone: (678) 965-9522
Preparer license number:
Preparer address: 2530 PEBBLE CREEK LN
City: CUMMING
State: GA
ZIP code: 30041

Signing this return does not grant your preparer the right to represent you or make decisions on your behalf. For more information, see the instructions for the Tax Information Authorization and Power of Attorney for Representation form on our website.

Important: Include a copy of your federal Form 1040, 1040-SR, 1040-X, 1040-NR, or 1040-NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 68)

- Online payments: Visit our website at www.oregon.gov/dor.
Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. Don't use the 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 blank:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the 2-D barcode area on the front of this return is filled in:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

Amended statement. Complete this section only if you're amending your 2020 return or filing with a new SSN.

If filing an amended return, use this space to explain what you're changing. Include the return line numbers and the reason for each change. If your filing status has changed, explain why. Include all supporting forms and schedules when you file your amended return, even if you haven't changed anything on them.

If filing with a new SSN, enter your former identification number.

Multiple horizontal lines for providing details on amended statements or former SSN.