

# IRS e-file Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**  
▶ **Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.**

Submission Identification Number (SID) ▶

Taxpayer's name <b>BHAGIRATH ANDAPALI</b>	Social security number 896-51-4127
Spouse's name <b>RAVALI SIDDAM</b>	Spouse's social security number 832-95-3797

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

Enter whole dollars only on lines 1 through 5.

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

<b>1</b> Adjusted gross income . . . . .	<b>1</b>	222,847.
<b>2</b> Total tax . . . . .	<b>2</b>	35,690.
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099 . . . . .	<b>3</b>	36,879.
<b>4</b> Amount you want refunded to you . . . . .	<b>4</b>	1,733.
<b>5</b> Amount you owe . . . . .	<b>5</b>	

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

1	4	1	2	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Spouse's PIN: check one box only**

I authorize GLOBAL TAXES LLC to enter or generate my PIN 

5	3	7	9	7
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing.

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below**

**Part III Certification and Authentication – Practitioner PIN Method Only**

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

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

 Don't enter all zeros

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

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Filing Status [ ] Single [X] 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

Personal information section including name (BHAGIRATH ANDAPALI), spouse name (RAVALI SIDDAM), address (11386 NW ODEON LN, PORTLAND, OR 97229), and social security numbers (896-51-4127 and 832-95-3797).

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? [ ] Yes [X] 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

Table for Dependents with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, and Credit for other dependents.

Main tax calculation table with rows 1 through 15, including wages (231,027), total income (223,097), adjusted gross income (222,847), and taxable income (198,047).

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	35,690.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	35,690.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	35,690.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	35,690.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	36,879.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	36,879.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	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	
31	Amount from Schedule 3, line 13	31	544.
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	544.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	37,423.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	1,733.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,733.
b	Routing number 1 2 2 1 0 1 7 0 6		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 4 5 7 0 2 3 4 9 5 1 6 4		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> 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.			
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	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
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.)
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	02/12/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.			
GLOBAL TAXES LLC	(678) 965-9522			
Firm's address	Firm's EIN			
2530 Pebble Creek Ln Cumming GA 30041	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](http://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  
BHAGIRATH ANDAPALI & RAVALI SIDDAM

Your social security number  
896-51-4127

**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>	-7,930.
<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, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-7,930.

**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 deduction. 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, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	

**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](http://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  
BHAGIRATH ANDAPALI & RAVALI SIDDAM

**Your social security number**  
896-51-4127

**Part I Nonrefundable Credits**

<b>1</b>	Foreign tax credit. Attach Form 1116 if required . . . . .	<b>1</b>	
<b>2</b>	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	<b>2</b>	
<b>3</b>	Education credits from Form 8863, line 19 . . . . .	<b>3</b>	
<b>4</b>	Retirement savings contributions credit. Attach Form 8880 . . . . .	<b>4</b>	
<b>5</b>	Residential energy credits. Attach Form 5695 . . . . .	<b>5</b>	
<b>6</b>	Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/> _____	<b>6</b>	
<b>7</b>	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	<b>7</b>	

**Part II Other Payments and Refundable Credits**

<b>8</b>	Net premium tax credit. Attach Form 8962 . . . . .	<b>8</b>	
<b>9</b>	Amount paid with request for extension to file (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Excess social security and tier 1 RRTA tax withheld . . . . .	<b>10</b>	544 .
<b>11</b>	Credit for federal tax on fuels. Attach Form 4136 . . . . .	<b>11</b>	
<b>12</b>	Other payments or refundable credits:		
<b>a</b>	Form 2439 . . . . .	<b>12a</b>	
<b>b</b>	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202 . . . . .	<b>12b</b>	
<b>c</b>	Health coverage tax credit from Form 8885 . . . . .	<b>12c</b>	
<b>d</b>	Other: _____	<b>12d</b>	
<b>e</b>	Deferral for certain Schedule H or SE filers (see instructions) . . . . .	<b>12e</b>	
<b>f</b>	Add lines 12a through 12e . . . . .	<b>12f</b>	
<b>13</b>	Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	<b>13</b>	544 .

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

BAA

REV 02/07/21 PRO

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

Name(s) shown on return

Your social security number

BHAGIRATH ANDAPALI & RAVALI SIDDAM

896-51-4127

**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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	BAGAMBERPET HYDERABAD TELANGANA IN 500013				
<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>	3		365	0	<input type="checkbox"/>
<b>B</b>					<input type="checkbox"/>
<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)

Income:		Properties:		A	B	C
<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>				
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		280.		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		200.		
<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>		600.		
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		7,000.		
<b>14</b>	Repairs. . . . .	<b>14</b>		500.		
<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>		8,580.		
<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>		-7,930.		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -7,930. )	( )	( )
<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>		8,580.		
<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>		( 7,930. )		
<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), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>		-7,930.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-7,930.

Schedule E (Form 1040) 2020

**2020 Form OR-40-N**

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

Oregon Department of Revenue



00542001011555

Office use only	

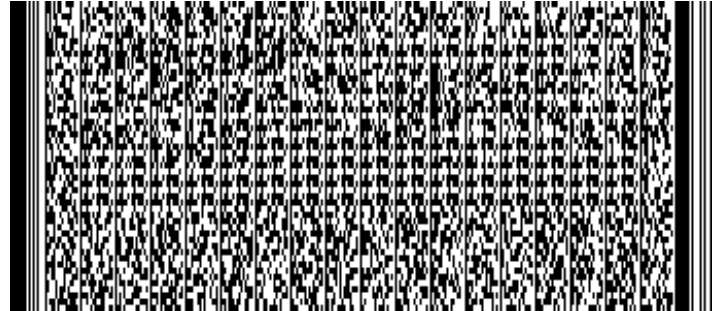
**Oregon Individual Income Tax Return for Nonresidents**

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 <b>BHAGIRATH</b>	Initial	Last name <b>ANDAPALI</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>896-51-4127</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Spouse's first name <b>RAVALI</b>	Initial	Spouse's last name <b>SIDDAM</b>	<input type="checkbox"/> Deceased	Spouse's SSN <b>832-95-3797</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
Current mailing address <b>11386 NW ODEON LN</b>			Date of birth (mm/dd/yyyy) <b>06/17/1988</b>	Spouse's date of birth <b>06/09/1990</b>		
City <b>PORTLAND</b>	State <b>OR</b>	ZIP code <b>97229</b>	Country <b>USA</b>	Phone <b>(480) 236-9639</b>		

**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.**

**2020 Form OR-40-N**

Page 2 of 5, 150-101-048  
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001021555

Name <b>BHAGIRATH ANDAPALI</b>	SSN <b>896-51-4127</b>
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**Note: Reprint page 1 if you make changes to this page.**

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. <b>Include all Forms W-2</b> ..... 7F.	231,027.00	7S. 40,177.00
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.	-7,930.00	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.	223,097.00	20S. 40,177.00

**Adjustments**

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19..... 21F.		21S.
22. Education deductions from federal Schedule 1, lines 10, 20, and 21..... 22F.		22S.
23. Moving expenses from federal Schedule 1, line 13..... 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 14..... 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 16..... 25F.		25S.
26. Alimony paid from federal Schedule 1, line 18a..... 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1..... 27F.	250.00	27S.
28. Total adjustments. Add lines 21 through 27..... 28F.	250.00	28S.
29. Income after adjustments. Line 20 minus line 28..... 29F.	222,847.00	29S. 40,177.00

**Additions**

30. Total additions from Schedule OR-ASC-NP, section 2..... 30F.		30S.
31. Income after additions. Add lines 29 and 30..... 31F.	222,847.00	31S. 40,177.00

**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.	222,847.00	34S. 40,177.00
35. <b>Oregon percentage</b> (see instructions; not more than 100.0%)..... 35.	18.0 %	



2020 Form OR-40-N

Page 3 of 5, 150-101-048 (Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001031555

Name: BHAGIRATH ANDAPALI, SSN: 896-51-4127

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

Deductions and modifications

Table with 2 columns: Description (lines 36-45) and Amount. Includes items like 'Amount from line 34S', 'Oregon itemized deductions', 'Standard deduction', and 'Oregon taxable income'.

Oregon tax

Table with 2 columns: Description (lines 46-48) and Amount. Includes 'Tax' and 'Total tax before credits'.

Standard and carryforward credits

Table with 2 columns: Description (lines 49-54) and Amount. Includes 'Exemption credit', 'Total standard credits', and 'Tax after standard and carryforward credits'.

Payments and refundable credits

Table with 2 columns: Description (lines 55-62) and Amount. Includes 'Oregon income tax withheld', 'Amount applied from your prior year's tax refund', and 'Total payments and refundable credits'.

2020 Form OR-40-N

Page 4 of 5, 150-101-048  
(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001041555

Name <b>BHAGIRATH ANDAPALI</b>	SSN <b>896-51-4127</b>
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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. 292.00
  - 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. 292.00
  - 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. 292.00

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: 122101706

Account number: 457023495164

Reserved



# 2020 Schedule OR-ASC-NP

Page 1 of 2, 150-101-064  
(Rev. 08-17-20 ver. 01)

Oregon Department of Revenue



15632001011555

Office use only

## Oregon Adjustments for Form OR-40-N and Form OR-40-P Filers

*Submit original form—do not submit photocopy.*

First name <b>BHAGIRATH</b>	Initial	Last name <b>ANDAPALI</b>	Social Security number (SSN) <b>896-51-4127</b>
Spouse's first name <b>RAVALI</b>	Initial	Spouse's last name <b>SIDDAM</b>	Spouse's SSN <b>832-95-3797</b>

Use Schedule OR-ASC-NP to claim any of the following items that aren't included on Form OR-40-N or Form OR-40-P:

- Adjustments.
- Additions.
- Subtractions.
- Modifications.
- Standard credits.
- Carryforward credits.
- Refundable credits.

Identify the code you're claiming and enter the information requested in the corresponding section. Enter the total from each section on the line indicated for Form OR-40-N or OR-40-P.

For more information, refer to the instructions, Publication OR-CODES, or Publication OR-17..

### Section 1: Adjustments (codes 001–099)

Code	Amount in <i>federal</i> column	Amount in <i>Oregon</i> column
1a. 007	1b. 250.00	1c.
1d.	1e.	1f.
1g.	1h.	1i.
1j.	1k.	1l.
1m.	1n.	1o.
<b>Total</b>	<b>250.00</b>	<b>Total</b>

**Enter totals on Form OR-40-N or OR-40-P, lines 27F and 27S.**

### Section 2: Additions (codes 100–199)

Code	Amount in <i>federal</i> column	Amount in <i>Oregon</i> column
2a.	2b.	2c.
2d.	2e.	2f.
2g.	2h.	2i.
2j.	2k.	2l.
2m.	2n.	2o.
<b>Total</b>		<b>Total</b>

**Enter totals on Form OR-40-N or OR-40-P, lines 30F and 30S.**

### Section 3: Subtractions (codes 300–399)

Code	Amount in <i>federal</i> column	Amount in <i>Oregon</i> column
3a.	3b.	3c.
3d.	3e.	3f.
3g.	3h.	3i.
3j.	3k.	3l.
3m.	3n.	3o.
<b>Total</b>		<b>Total</b>

**Enter totals on Form OR-40-N or OR-40-P, lines 33F and 33S.**

— You must include this schedule with your Oregon income tax return —

# 2020 Schedule OR-ASC-NP

Page 2 of 2, 150-101-064  
(Rev. 08-17-20 ver. 01)

Oregon Department of Revenue



15632001021555

Name <b>BHAGIRATH ANDAPALI</b>	SSN <b>896-51-4127</b>
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## Section 4: Modifications (codes 600–699)

Code	Amount
4a.	4b.
4c.	4d.
4e.	4f.
4g.	4h.
4i.	4j.

Enter total  
on Form OR-40-N or  
OR-40-P, line 41

## Section 5: Standard credits (codes 800–834)

Code	Amount	State abbreviation (if claiming code 802 or 815)
5a.	5b.	5c. <input type="text"/>
5d.	5e.	5f. <input type="text"/>
5g.	5h.	5i. <input type="text"/>
5j.	5k.	5l. <input type="text"/>
5m.	5n.	5o. <input type="text"/>

Enter total  
on Form OR-40-N, line 50;  
or OR-40-P, line 49

## Section 6: Carryforward credits (codes 835–889)

Code	Amount from prior year	Amount awarded this year	Total used this year
6a.	6b.	6c.	6d.
6e.	6f.	6g.	6h.
6i.	6j.	6k.	6l.
6m.	6n.	6o.	6p.
6q.	6r.	6s.	6t.

Enter total  
on Form OR-40-N, line 53; or  
OR-40-P, line 52

## Section 7: Refundable credits (codes 890–899)

Code	Amount
7a.	7b.
7c.	7d.
7e.	7f.

Enter total  
on Form OR-40-N, line  
61; or OR-40-P, line 60

California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

896-51-4127 ANDA 832-95-3797
BHAGIRATH ANDAPALI
RAVALI SIDDAM

20

11386 NW ODEON LN
PORTLAND OR 97229

06-17-1988 06-09-1990

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

- 1 Single
2 Married/RDP filing jointly. See inst.
3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here

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

- 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. If you checked the box on line 6, see instructions.
8 Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2
9 Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2

Exemptions

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

Table with 3 columns: Dependent 1, Dependent 2, Dependent 3. Rows include First Name, Last Name, SSN, and Dependent's relationship to you.

Total dependent exemptions X \$383 =

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... <input checked="" type="radio"/> <b>12</b> <input type="text" value="105000"/> <input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="222847"/> <input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... <input checked="" type="radio"/> <b>14</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="222847"/> <input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... <input checked="" type="radio"/> <b>16</b> <input type="text" value="250"/> <input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16. .... <input checked="" type="radio"/> <b>17</b> <input type="text" value="223097"/> <input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... <input checked="" type="radio"/> <b>18</b> <input type="text" value="9202"/> <input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="213895"/> <input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule
	<input checked="" type="radio"/> <b>31</b> <input type="text" value="14150"/> <input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... <input checked="" type="radio"/> <b>32</b> <input type="text" value="105000"/> <input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... <input checked="" type="radio"/> <b>35</b> <input type="text" value="100670"/> <input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0662"/>
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36. .... <input checked="" type="radio"/> <b>37</b> <input type="text" value="6664"/> <input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000. .... <input checked="" type="radio"/> <b>38</b> <input type="text" value="0.4707"/>
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="117"/> <input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0-... <input checked="" type="radio"/> <b>40</b> <input type="text" value="6547"/> <input type="text" value=".00"/>
<b>41</b> Tax. See instructions. Check the box if from: <input checked="" type="radio"/> Schedule G-1 <input type="checkbox"/> FTB 5870A <input checked="" type="radio"/> <b>41</b> <input type="text" value=""/> <input type="text" value=".00"/>	
<b>42</b> Add line 40 and line 41 ..... <input checked="" type="radio"/> <b>42</b> <input type="text" value="6547"/> <input type="text" value=".00"/>	

<b>Special Credits</b>	<b>50</b> Nonrefundable Child and Dependent Care Expenses Credit. See instructions. Attach form FTB 3506. .... <input checked="" type="radio"/> <b>50</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>51</b> Credit for joint custody head of household. See instructions ..... <input checked="" type="radio"/> <b>51</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>52</b> Credit for dependent parent. See instructions. .... <input checked="" type="radio"/> <b>52</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>53</b> Credit for senior head of household. See instructions. .... <input checked="" type="radio"/> <b>53</b> <input type="text" value=""/> <input type="text" value=".00"/>
	<b>54</b> Credit percentage. Enter the amount from line 38 here. If more than 1, enter 1.0000. See instructions ..... <input checked="" type="radio"/> <b>54</b> <input type="text" value=""/>
<b>55</b> Credit amount. See instructions ..... <input checked="" type="radio"/> <b>55</b> <input type="text" value=""/> <input type="text" value=".00"/>	

Your name:  Your SSN or ITIN:

**Special Credits continued**

<b>58</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>58</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>59</b>	Enter credit name <input type="text"/> code <input type="text"/> and amount...	<input type="radio"/>	<b>59</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>60</b>	To claim more than two credits. See instructions . . . . .	<input type="radio"/>	<b>60</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>61</b>	Nonrefundable Renter's Credit. See instructions . . . . .	<input type="radio"/>	<b>61</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>62</b>	Add line 50 and line 55 through 61. These are your total credits . . . . .	<input checked="" type="radio"/>	<b>62</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>63</b>	Subtract line 62 from line 42. If less than zero, enter -0- . . . . .	<input checked="" type="radio"/>	<b>63</b>	<input type="text" value="6547"/>	<input type="text" value=".00"/>

**Other Taxes**

<b>71</b>	Alternative Minimum Tax. Attach Schedule P (540NR) . . . . .	<input type="radio"/>	<b>71</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>72</b>	Mental Health Services Tax. See instructions . . . . .	<input type="radio"/>	<b>72</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>73</b>	Other taxes and credit recapture. See instructions . . . . .	<input type="radio"/>	<b>73</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>74</b>	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . .	<input type="radio"/>	<b>74</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>75</b>	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . .	<input type="radio"/>	<b>75</b>	<input type="text" value="6547"/>	<input type="text" value=".00"/>

**Payments**

<b>81</b>	California income tax withheld. See instructions . . . . .	<input type="radio"/>	<b>81</b>	<input type="text" value="8421"/>	<input type="text" value=".00"/>
<b>82</b>	2020 CA estimated tax and other payments. See instructions . . . . .	<input type="radio"/>	<b>82</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>83</b>	Withholding (Form 592-B and/or 593). See instructions . . . . .	<input type="radio"/>	<b>83</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>84</b>	Excess SDI (or VPD) withheld. See instructions . . . . .	<input type="radio"/>	<b>84</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>85</b>	Earned Income Tax Credit (EITC) . . . . .	<input type="radio"/>	<b>85</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>86</b>	Young Child Tax Credit (YCTC). See instructions . . . . .	<input type="radio"/>	<b>86</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>87</b>	Net Premium Assistance Subsidy (PAS). See instructions . . . . .	<input type="radio"/>	<b>87</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>88</b>	Add line 81 through line 87. These are your total payments. See instructions . . . . .	<input checked="" type="radio"/>	<b>88</b>	<input type="text" value="8421"/>	<input type="text" value=".00"/>

**ISR Penalty**

<b>91</b>	Individual Shared Responsibility (ISR) Penalty. See instructions . . . . .	<input type="radio"/>	<b>91</b>	<input type="text"/>	<input type="text" value=".00"/>
	<input type="radio"/> Full-year health care coverage.				

**Overpaid Tax/Tax Due**

<b>92</b>	Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . .	<input checked="" type="radio"/>	<b>92</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>93</b>	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . .	<input checked="" type="radio"/>	<b>93</b>	<input type="text"/>	<input type="text" value=".00"/>
<b>101</b>	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . .	<input checked="" type="radio"/>	<b>101</b>	<input type="text" value="1874"/>	<input type="text" value=".00"/>
<b>102</b>	Amount of line 101 you want applied to your <b>2021</b> estimated tax . . . . .	<input type="radio"/>	<b>102</b>	<input type="text" value="0"/>	<input type="text" value=".00"/>



Your name:  Your SSN or ITIN:

**103** Overpaid tax available this year. Subtract line 102 from line 101 ..... ● **103**  .00  
**104** Tax due. If line 92 is less than line 75, subtract line 92 from line 75 ..... ● **104**  .00

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

Your name:  Your SSN or ITIN:

**Amount You Owe** 121 **AMOUNT YOU OWE.** Add line 93, line 104, and line 120. See instructions. **Do not send cash.**  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001.** . . . . ● 121  .00  
Pay Online – Go to **ftb.ca.gov/pay** for more information.

**Interest and Penalties** 122 Interest, late return penalties, and late payment penalties. . . . . 122  .00  
123 Underpayment of estimated tax.  
Check the box: ●  **FTB 5805 attached** ●  **FTB 5805F attached** . . . . . ● 123  .00  
124 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 124  .00

**Refund and Direct Deposit** 125 **REFUND OR NO AMOUNT DUE.** Subtract line 120 from line 103. See instructions.  
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● 125  .00

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

● Routing number  ● Type  Checking ● Account number  ● 126 Direct deposit amount  .00  
 Savings

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

● Routing number  ● Type  Checking ● Account number  ● 127 Direct deposit amount  .00  
 Savings

**IMPORTANT:** Attach a copy of your complete federal return.

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

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

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

**Sign Here** ● Your email address. Enter only one email address.  ● Preferred phone number

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

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

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

Joint tax return? (See instructions)

Firm's address  ● Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

# California Adjustments — Nonresidents or Part-Year Residents

## CA (540NR)

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

Name(s) as shown on tax return <b>BHAGIRATH ANDAPALI &amp; RAVALI SIDDAM</b>	SSN or ITIN <b>896514127</b>
---	---------------------------------

**Part I Residency Information. Complete all lines that apply to you and your spouse/RDP for taxable year 2020.**

**During 2020:**

- 1 My California (CA) Residency (Check one)  
 a Myself:  Nonresident  Part-Year Resident  Resident  
 b Spouse:  Nonresident  Part-Year Resident  Resident

	Yourself	Spouse/RDP
2 a I was domiciled in (enter two letter code, see instructions) . . . . .	<input checked="" type="radio"/> TX	<input checked="" type="radio"/> TX
b I was in the military and stationed in (enter two letter code). . . . .	<input type="radio"/>	<input type="radio"/>
3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) . . .	<input type="radio"/> / /	<input type="radio"/> / /
4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move) .	<input type="radio"/> / /	<input type="radio"/> / /
5 I was a CA nonresident the entire year (enter state of residence). . . . .	<input type="radio"/>	<input type="radio"/>
6 The number of days I spent in CA for any purpose was: . . . . .	<input type="radio"/>	<input type="radio"/>
7 I owned a home/property in CA (enter Y for Yes, N for No) . . . . .	<input type="radio"/> N	<input type="radio"/> N
8 <b>Before 2020:</b> I was a CA resident for the period of . . . . .	<input type="radio"/> / / -	<input type="radio"/> / / -

Part II Income Adjustment Schedule	A	B	C	D	E
Section A — Income from federal Form 1040 or 1040-SR	Federal Amounts (taxable amounts from your federal tax return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract col. B from col. A; add col. C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
1 Wages, salaries, tips, etc. See instructions before making an entry in col. B or C. . . . . 1	<input checked="" type="radio"/> 231,027.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> 231,027.	<input checked="" type="radio"/> 105,000.
2 Taxable interest. a <input type="radio"/> . . . . . 2b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Ordinary dividends. See instructions. a <input type="radio"/> . . . . . 3b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 IRA distributions. See instructions. a <input type="radio"/> . . . . . 4b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Pensions and annuities. See instructions. a <input type="radio"/> . . . . . 5b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Social security benefits. a <input type="radio"/> . . . . . 6b	<input type="radio"/>	<input type="radio"/>			
7 Capital gain or (loss). See instructions . . . . . 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Section B — Additional Income</b> from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state and local income taxes. . . . . 1	<input type="radio"/>	<input type="radio"/>			
2a Alimony received. See instructions. . . . . 2a	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Business income or (loss). See instructions. . . . . 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Other gains or (losses) . . . . . 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc . . . . . 5	<input checked="" type="radio"/> -7,930.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/> -7,930.	<input type="radio"/>

	A	B	C	D	E
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input checked="" type="radio"/> 223,097.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 223,097.	<input checked="" type="radio"/> 105,000.

	A	B	C	D	E
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/> 250.	<input checked="" type="radio"/> 250.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 0.	<input checked="" type="radio"/>
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . <b>23</b>	<input checked="" type="radio"/> 222,847.	<input checked="" type="radio"/> -250.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 223,097.	<input checked="" type="radio"/> 105,000.

**Part III Adjustments to Federal Itemized Deductions**

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

<b>A</b>	<b>B</b>	<b>C</b>
Federal Amounts (from federal Schedule A (Form 1040))	Subtractions See instructions	Additions See instructions

**Medical and Dental Expenses** See instructions.

1	Medical and dental expenses <input checked="" type="radio"/>	1			
2	Enter amount from federal Form 1040 or 1040-SR, line 11 <input checked="" type="radio"/> 222,847.	2			
3	Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 16,714.	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 <input checked="" type="radio"/>	4	<input checked="" type="radio"/>		<input checked="" type="radio"/>

**Taxes You Paid**

5a	State and local income tax or general sales taxes <input checked="" type="radio"/> 17,516.	5a			
5b	State and local real estate taxes <input checked="" type="radio"/>	5b			
5c	State and local personal property taxes <input checked="" type="radio"/>	5c			
5d	Add line 5a through line 5c <input checked="" type="radio"/> 17,516.	5d	<input checked="" type="radio"/>		
5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A . . . . . Enter the amount from line 5a, column B in line 5e, column B . . . . . Enter the difference from line 5d and line 5e, column A in line 5e, column C . . . . .	5e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Other taxes. List type <input checked="" type="radio"/>	6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Add line 5e and line 6 <input checked="" type="radio"/> 10,000.	7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

**Other Itemized Deductions**

16	Other—from list in federal instructions <input checked="" type="radio"/>	16			
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C <input checked="" type="radio"/> 10,250.	17	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

18	Total. Combine line 17 column A less column B plus column C <input checked="" type="radio"/>	18			250.
----	--	----	--	--	------

**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

22 Add line 19 through line 21  22

23 Enter amount from federal Form 1040 or 1040-SR, line 11  222,847.

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

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

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

27 Other adjustments. See instructions. Specify.    27

28 Combine line 26 and line 27.  28

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

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

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

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

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 23, column E  1 .

2 Enter your deductions from line 30  2 .

3 **Deduction Percentage.** Divide Part II, line 23, column E by Part II, line 23, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-  3 .

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4 .

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5 .

# 2020 Virginia Nonresident Income Tax Return

Due May 1, 2021



Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

First Name <b>BHAGIRATH</b>	MI	Last Name <b>ANDAPALI</b>	Suffix	Your Social Security Number <b>896-51-4127</b>	<input type="checkbox"/> Check if deceased
Spouse's First Name (Filing Status 2 Only) <b>RAVALI</b>	MI	Last Name <b>SIDDAM</b>	Suffix	Spouse's Social Security Number <b>832-95-3797</b>	<input type="checkbox"/> Check if deceased
Present Home Address (Number and Street or Rural Route) <b>11386 NW ODEON LN</b>				Your Birth Date (mm-dd-yyyy) <b>06-17-1988</b>	
City, Town or Post Office <b>PORTLAND</b>		State <b>OR</b>	ZIP Code <b>97229</b>	Spouse's Birth Date (mm-dd-yyyy) <b>06-09-1990</b>	
State of Residence <b>TX</b>	<b>Important</b> - Name of Virginia City or County in which principal place of business, employment, or income source is located. <b>ALLEGHANY</b>				Locality Code <b>005</b>
<input type="checkbox"/> City <b>OR</b> <input checked="" type="checkbox"/> County					

<b>Check Applicable Boxes</b>	<input type="checkbox"/> Amended Return Reason Code <input type="checkbox"/>	<input type="checkbox"/> Name(s) or Address Different than Shown on 2019 VA Return	<input type="checkbox"/> Overseas on Due Date
	<input type="checkbox"/> Dependent on Another's Return	<input type="checkbox"/> Qualifying Farmer, Fisherman, or Merchant Seaman	EIC Claimed on federal return \$ _____ .00

**Filing Status** Enter Filing Status Code in box below.

<b>2</b>	}	<b>1</b> = Single. Federal head of household? YES <input type="checkbox"/>
		<b>2</b> = Married, Filing Joint Return - both must have Virginia income
		<b>3</b> = Married, Spouse Has No Income From Any Source
		<b>4</b> = Married, Filing Separate Returns
If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name _____		

**Exemptions** Add Sections 1 and 2. Enter the sum on Line 12.

You		Spouse if Filing Status 2 or 3		Dependents		<b>Total Section 1</b>	
1	+	1	+	0	=	2	<b>X \$930 = 1860</b>
You 65 or over		Spouse 65 or over		You Blind		Spouse Blind	
0	+	0	+	0	+	0	<b>X \$800 = 0</b>
							<b>Total Section 2</b>

1	Adjusted Gross Income from federal return - <i>Not federal taxable income</i> .....	1	222847	00
2	Additions from Schedule 763 ADJ, Line 3.....	2		00
3	<b>Add Lines 1 and 2</b> .....	3	222847	00
4	Age Deduction (See instructions and the Age Deduction Worksheet). Enter Birth Dates above. Enter Your Age Deduction on Line 4a and Your Spouse's Age Deduction on Line 4b.....	4a		00
		4b		00
5	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. ....	5		00
6	State income tax refund or overpayment credit reported as income on your federal return. ....	6		00
7	Subtractions from Schedule 763 ADJ, Line 7.....	7		00
8	<b>Add Lines 4a, 4b, 5, 6, and 7</b> .....	8		00
9	<b>Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3</b> .....	9	222847	00
10	Itemized Deductions from Virginia Schedule A, if applicable. See instructions. ....	10		00
11	If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions. ....	11	9000	00
12	Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. ....	12	1860	00
13	Deductions from Schedule 763 ADJ, Line 9.....	13		00
14	<b>Add Lines 10, 11, 12 and 13</b> .....	14	10860	00
15	Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9.....	15	211987	00
16	Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only).....	16	9.9	%
17	Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16).....	17	20987	00
18	Income Tax from Tax Table or Tax Rate Schedule.....	18	949	00



Your Name <b>BHAGIRATH ANDAPALI &amp; RAVALI SIDDAM</b>	Your SSN <b>896-51-4127</b>
--	--------------------------------

19a	Your Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19a	0	00
19b	Spouse's Virginia income tax withheld. Enclose Forms W-2, W-2G, 1099, and VK-1.	19b	1138	00
20	2020 Estimated Tax Payments.	20		00
21	2019 overpayment credited to 2020 estimated tax.	21		00
22	Extension Payment - submitted using Form 7601P.	22		00
23	Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 763 ADJ, Line 17.	23		00
24	Total credits from Schedule OSC.	24		00
25	Credits from Schedule CR, Section 5, Line 1A.	25		00
26	<b>Total payments and credits. Add Lines 19a through 25.</b>	26	1138	00
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME TAX YOU OWE</b> .	27		00
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUNT</b> .	28	189	00
29	Amount of overpayment on Line 28 to be CREDITED TO 2021 ESTIMATED INCOME TAX.	29		00
30	Virginia529 and ABLEnow Contributions from Schedule VAC, Part I, Line 6.	30		00
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14.	31		00
32	Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 763 ADJ, Line 21.	32		00
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. <input checked="" type="checkbox"/> Check here if no sales and use tax is due.	33		00
34	<b>Add Lines 29 through 33.</b>	34		00
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If you have an overpayment on Line 28 and Line 34 is larger than Line 28, enter the difference. <b>AMOUNT YOU OWE</b> . Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> . <input type="checkbox"/> Check here if paying by credit or debit card - See instructions.	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28. This is the amount to be <b>REFUNDED TO YOU</b> .	36	189	00

If the Direct Deposit section below is not completed, your refund will be issued by check.

<b>DIRECT BANK DEPOSIT</b>	Your Bank Routing Transit Number	Your Bank Account Number	Checking <input checked="" type="checkbox"/>	Savings <input type="checkbox"/>
Domestic Accounts Only	1 2 2 1 0 1 7 0 6	4 5 7 0 2 3 4 9 5 1 6 4		
No International Deposits				

**Nonresident Allocation Percentage**

		A - All Sources		B - Virginia Sources	
1. Wages, salaries, tips, etc.	1	231027	00	22029	00
2. Interest income	2		00		00
3. Dividends	3		00		00
4. Alimony received	4		00		00
5. Business income or loss	5		00		00
6. Capital gain or loss/capital gain distributions	6		00		00
7. Other gains or losses	7		00		00
8. Taxable pensions, annuities and IRA distributions	8		00		
9. Rents, royalties, partnerships, estates, trusts, S corporations, etc.	9	-7930	00	0	00
10. Farm income or loss	10		00		00
11. Other income	11		00		00
12. Interest on obligations of other states from Schedule 763 ADJ, Line 1.	12		00		
13. Lump-sum and accumulation distributions included on Sch. 763 ADJ, Line 3.	13		00		00
14. TOTAL - Add Lines 1 through 13 and enter each column total here.	14	223097	00	22029	00
15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. <i>Compute percentage to one decimal place (e.g., 5.4%).</i> Enter on Page 1, Line 16.	15			9.9%	

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct, and complete return.

Your Signature	Your Phone Number (480) 236-9639	Date	
Spouse's Signature (If a joint return, <b>both</b> must sign)	Spouse's Phone Number	Preparer's PTIN P02082703	Vendor Code 1555
Preparer's Name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Firm's Name (or Yours if Self-Employed) GLOBAL TAXES LLC	Preparer's Phone Number (678) 965-9522	Filing Election Code ID Theft PIN



**2020 Schedule INC/CG**

896514127

Report all W-2s, 1099s & VK-1s with VA Withholding



BHAGIRATH            ANDAPALI

RAVALI                SIDDAM

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
832953797	W	1138.	260323337	30260323337F001	22029.

Total VA Withholding	SSN	VA Withholding
You		
Spouse	832953797	1138.
Total # of W-2s, 1099s & VK-1s	01	

**To avoid delays - be sure to enter all information, including the Employer's FEIN.**

Nonresident & part-year resident Wisconsin income tax

For the year Jan. 1-Dec. 31, 2020, or other tax year beginning \_\_\_\_\_, 2020 ending \_\_\_\_\_, 20\_\_.

Check here if this is an amended return [ ] Complete form using BLACK INK

NOTE

DO NOT STAPLE

PAPER CLIP withholding statements here

Form fields for personal information: Your legal last name (ANDAPALI), Legal first name (BHAGIRATH), M.I., Social security number (896514127), Spouse's legal last name (SIDDAM), Spouse's legal first name (RAVALI), Spouse's social security number (832953797), Home address (11386 NW ODEON LN), City (PORTLAND), State (OR), Zip code (97229), Filing status (Married filing joint return), Resident status (Nonresident of Wisconsin; state of residence TX).



Note: Complete residence questionnaire, page 61.

PAPER CLIP check or money order here

Income tax table with columns: Income, Print numbers like this (0123456789), NO COMMAS NO CENTS, A. Federal column, B. Wisconsin column. Rows include Wages, salaries, tips, etc. (231027.00), Taxable interest (.00), Ordinary dividends (.00), Taxable refunds, credits, or offsets of state and local income taxes (.00), Alimony received (.00), Business income or (loss) (.00), Capital gain or (loss) (.00), Other gains or (losses) (.00), IRA distributions (.00), Pensions and annuities (.00), Rental real estate, royalties, partnerships, S corporations, trusts, etc. (-7930.00), Farm income or (loss) (.00), Unemployment compensation (.00), Social security benefits (.00), Other income (.00), and Combine lines 1 through 15 (223097.00).

I-0501 (R. 01-21)

Adjustments to Income		A. Federal column	B. Wisconsin column
17	Educator expenses (see page 25)	.00	.00
18	Certain business expenses of reservists, performing artists, and fee-basis government officials (see page 25)	.00	.00
19	Health savings account deduction (see page 26)	.00	.00
20	Moving expenses for members of the Armed Forces (see page 26)	.00	.00
21	Deductible part of self-employment tax (see page 26)	.00	.00
22	Self-employed SEP, SIMPLE, and qualified plans (see page 26)	.00	.00
23	Self-employed health insurance deduction (see page 27)	.00	.00
24	Penalty on early withdrawal of savings (see page 28)	.00	0.00
25	Alimony paid (see page 28)	.00	.00
26	IRA deduction (see page 29)	.00	.00
27	Student loan interest deduction (see page 29)	.00	.00
28	Tuition and fees (see page 29)	Not deductible for Wisconsin	
29	Other adjustments (see page 29). Enclose Schedule M if line 29b has an amount See Statement	250.00	250.00
30	Total adjustments to income. Add lines 17 through 29	250.00	250.00
<b>Adjusted Gross Income</b>			
31	Wisconsin income. Subtract line 30, column B from line 16, column B		63571.00
32	Federal income. Subtract line 30, column A from line 16, column A	222847.00	
33	Divide line 31 by line 32. Carry the decimal to four places. If amount on line 31 is more than amount on line 32, fill in 1.0000. (See page 30)		.2853

**Tax Computation**

34	Fill in the <b>larger</b> of Wisconsin income from line 31, column B or federal income from line 32, column A. <b>But</b> , if Wisconsin income from line 31 is zero or less, fill in 0 (zero)	34	222847.00
35a	If you (or your spouse) can be claimed as a dependent on anyone else's return, check here and see the "Exception" in the instructions for line 35c on page 31	35a	<input type="checkbox"/>
35b	Aliens (see page 31 to determine if you must check line 35b)	35b	<input type="checkbox"/>
35c	Find the standard deduction for amount on line 32 using table on page 50	35c	0.00
36	Subtract line 35c from line 34. If line 35c is more than line 34, fill in 0 (zero)	36	222847.00
37	Exemptions ( <b>Caution: see page 31</b> )		
a	Fill in exemptions allowed 2 x \$700	37a	1400.00
b	Check if 65 or older <input type="checkbox"/> You + <input type="checkbox"/> Spouse = <input type="checkbox"/> x \$250	37b	.00
c	Add lines 37a and 37b	37c	1400.00
38	Subtract line 37c from line 36. If line 37c is more than line 36, fill in 0 (zero)	38	221447.00
39	Tax (see table on page 52)	39	13191.00
40	Itemized deduction credit. Complete Schedule 1 (page 4, Form 1NPR)	40	0.00
41	School property tax credits (part-year and full-year residents only)		
a	Rent paid in 2020—heat included .00 } Find credit from table page 35	41a	.00
	Rent paid in 2020—heat not included .00 }		
b	Property taxes paid on home in 2020 .00 } Find credit from table page 36	41b	.00
42	Add credits on lines 40, 41a, and 41b	42	0.00
43	Subtract line 42 from line 39. If line 42 is more than line 39, fill in 0 (zero)	43	13191.00
44	Fill in ratio from line 33	44	.2853
45	Multiply line 43 by ratio on line 44	45	3763.00



Name(s) shown on Form 1NPR <b>BHAGIRATH ANDAPALI &amp; RAVALI SIDDAM</b>		Your social security number <b>896514127</b>
<b>46</b>	Fill in amount from line 45	<b>46</b> <u>3763.00</u>
<b>47</b>	Armed forces member credit. (Full-year Wisconsin residents only)	<b>47</b> <u>.00</u>
<b>48</b>	Working families tax credit. (Full-year Wisconsin residents only)	<b>48</b> <u>.00</u>
<b>49</b>	Married couple credit. Complete Schedule 2 (page 4, Form 1NPR)	<b>49</b> <u>0.00</u>
<b>50</b>	Nonrefundable credits from Schedule CR, line 34. Enclose Schedule CR	<b>50</b> <u>.00</u>
<b>51</b>	Net income tax paid to another state. Enclose Schedule OS	<b>51</b> <u>.00</u>
<b>52</b>	Add lines 47 through 51	<b>52</b> <u>0.00</u>
<b>53</b>	Subtract line 52 from line 46. If line 52 is more than line 46, fill in 0 (zero). This is your net tax	<b>53</b> <u>3763.00</u>
<b>54</b>	Sales and use tax due on internet, mail order, or other out-of-state purchases (see page 39) If you certify that no sales or use tax is due, check here <input checked="" type="checkbox"/>	<b>54</b> <u>.00</u>
<b>55</b>	Donations (decreases refund or increases amount owed)	
<b>a</b>	Endangered resources <u>.00</u>	<b>e</b> Military family relief <u>.00</u>
<b>b</b>	Cancer research <u>.00</u>	<b>f</b> Second Harvest/Feeding Amer. <u>.00</u>
<b>c</b>	Veterans trust fund <u>.00</u>	<b>g</b> Red Cross WI Disaster Relief <u>.00</u>
<b>d</b>	Multiple sclerosis <u>.00</u>	<b>h</b> Special Olympics Wisconsin <u>.00</u>
	Total (add lines a through h)	<b>55i</b> <u>.00</u>
<b>56</b>	Penalties on IRAs, other retirement plans, MSAs, etc. (see page 41)	<b>56</b> <u>.00</u> x .33 = <u>.00</u>
<b>57</b>	Other penalties (see page 41)	<b>57</b> <u>.00</u>
<b>58</b>	Add lines 53 through 57	<b>58</b> <u>3763.00</u>

**Payments and Credits**

<b>59</b>	Wisconsin income tax withheld. Enclose readable withholding statements	<b>59</b> <u>3748.00</u>
<b>60</b>	2020 Wisconsin estimated tax paid and amount applied from 2019 return	<b>60</b> <u>.00</u>
<b>61</b>	Earned income credit. (Full-year Wisconsin residents only) Number of qualifying children <input type="text"/> Federal credit <u>.00</u> x <input type="text"/> % =	<b>61</b> <u>.00</u>
<b>62</b>	Farmland preservation credit. <b>a.</b> Schedule FC, line 17	<b>62a</b> <u>.00</u>
	<b>b.</b> Schedule FC-A, line 13	<b>62b</b> <u>.00</u>
<b>63</b>	Repayment credit	<b>63</b> <u>.00</u>
<b>64</b>	Homestead credit. (Full-year Wisconsin residents only)	<b>64</b> <u>.00</u>
<b>65</b>	Eligible veterans and surviving spouses property tax credit	<b>65</b> <u>.00</u>
<b>66</b>	Refundable credits from Schedule CR, line 40	<b>66</b> <u>.00</u>
<b>67</b>	AMENDED RETURN ONLY – amount previously paid (see page 47)	<b>67</b> <u>.00</u>
<b>68</b>	Add lines 59 through 67	<b>68</b> <u>3748.00</u>
<b>69</b>	AMENDED RETURN ONLY – amount previously refunded (see page 47)	<b>69</b> <u>.00</u>
<b>70</b>	Subtract line 69 from line 68	<b>70</b> <u>3748.00</u>

**NOTE:** You must use your 2020 earned income (see page 43).



Refund or Amount You Owe

Table with 5 rows (71-75) for Refund or Amount You Owe. Includes fields for AMOUNT OVERPAID, AMOUNT YOU OWE, and Underpayment interest.

Third Party Designee section. Includes checkboxes for 'Yes' and 'No', and fields for Designee's name, Phone no., and Personal identification number (PIN).

Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Sign here section. Includes lines for 'Your signature', 'Spouse's signature (if filing jointly, BOTH must sign)', and 'Date'.

Mail your return to: Wisconsin Department of Revenue. Includes addresses for 'if tax is due' (PO Box 268) and 'if refund or no tax due' (PO Box 59).

Schedule 1 - Wisconsin Itemized Deduction Credit (see line 40 instructions)

Table for Schedule 1 with 9 rows. Columns include description of credit items and their corresponding amounts.

Schedule 2 - Married Couple Credit. May be claimed only when both spouses have earned income taxable by Wisconsin.

Table for Schedule 2 with 8 rows. Columns include description of credit items, (A) YOURSELF, and (B) YOUR SPOUSE.



Name <b>BHAGIRATH ANDAPALI &amp; RAVALI SIDDAM</b>	Social security number <b>896514127</b>
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**Part I - Additions to Income**

<u>1</u> Other income (see instructions). List type and amount _____	<b>1</b>	<u>.00</u>
<u>2</u> Farmland preservation credit . . . . .	<b>2</b>	<u>.00</u>
<u>3</u> Enterprise zone jobs credit . . . . .	<b>3</b>	<u>.00</u>
<u>4</u> Development zones credit . . . . .	<b>4</b>	<u>.00</u>
<u>5</u> Capital investment credit . . . . .	<b>5</b>	<u>.00</u>
<u>6</u> Manufacturing investment credit . . . . .	<b>6</b>	<u>.00</u>
<u>7</u> Economic development tax credit . . . . .	<b>7</b>	<u>.00</u>
<u>8</u> Jobs tax credit . . . . .	<b>8</b>	<u>.00</u>
<u>9</u> Community rehabilitation program credit . . . . .	<b>9</b>	<u>.00</u>
<u>10</u> Research expense credit . . . . .	<b>10</b>	<u>.00</u>
<u>11</u> Manufacturing/Agriculture credit . . . . .	<b>11</b>	<u>.00</u>
<u>12</u> Business development credit . . . . .	<b>12</b>	<u>.00</u>
<u>13</u> Electronics and information technology manufacturing zone credit . . . . .	<b>13</b>	<u>.00</u>
<u>14</u> Employee college savings account contribution credit . . . . .	<b>14</b>	<u>.00</u>
<u>15</u> Federal net operating loss deduction (only if included in line 1 above) . . . . .	<b>15</b>	<u>.00</u>
<u>16</u> Excess distribution from a passive foreign investment company . . . . .	<b>16</b>	<u>.00</u>
<u>17</u> Expenses paid to or incurred with related entities . . . . .	<b>17</b>	<u>.00</u>
<u>18</u> Nonqualified distributions from Edvest and Tomorrow's Scholar college savings account . . . . .	<b>18</b>	<u>.00</u>
<u>19</u> Nonqualified distributions from ABLE accounts . . . . .	<b>19</b>	<u>.00</u>
<u>20</u> Expenses for moving business outside Wisconsin or the United States (see instructions) . . . . .	<b>20</b>	<u>.00</u>
<u>21</u> Add lines 1 through 20. Enter this amount on Form 1NPR, line 15, column B . . . . .	<b>21</b>	<u>.00</u>

Now go to page 2 →



Name	Social security number
BHAGIRATH ANDAPALI & RAVALI SIDDAM	896514127

**Part II - Subtractions from Income**

<b>22</b> Other adjustments (see instructions). List type and amount <u>SEE FORM 1NPR,</u>	<b>22</b>	<u>250 .00</u>
<b>23</b> Farm loss carryover	<b>23</b>	<u>.00</u>
<b>24</b> Recoveries of federal itemized deductions (only if included on line 1 of this schedule)	<b>24</b>	<u>.00</u>
<b>25</b> Wisconsin net operating loss deduction	<b>25</b>	<u>.00</u>
<b>26</b> Medical care insurance	<b>26</b>	<u>.00</u>
<b>27</b> Long-term care insurance	<b>27</b>	<u>.00</u>
<b>28</b> Retirement income exclusion	<b>28</b>	<u>.00</u>
<b>29</b> Amounts not taxable by Wisconsin (only if included in column B of Form 1NPR or line 1 of this schedule) List type and amount	<b>29</b>	<u>.00</u>
<b>30</b> Adoption expenses	<b>30</b>	<u>.00</u>
<b>31</b> Tuition and fee expenses	<b>31</b>	<u>.00</u>
<b>32</b> Contributions to a Wisconsin state-sponsored college savings program	<b>32</b>	<u>.00</u>
<b>33</b> Child and dependent care expenses	<b>33</b>	<u>.00</u>
<b>34</b> Sale of business assets or assets used in farming to a related person	<b>34</b>	<u>.00</u>
<b>35</b> Repayment of income previously taxed	<b>35</b>	<u>.00</u>
<b>36</b> Human organ donation	<b>36</b>	<u>.00</u>
<b>37</b> Contributions to ABLE accounts	<b>37</b>	<u>.00</u>
<b>38</b> U.S. Olympic subtraction (see instructions, page 10)	<b>38</b>	<u>.00</u>
<b>39</b> Expenses paid to related entities	<b>39</b>	<u>.00</u>
<b>40</b> Income from a related entity	<b>40</b>	<u>.00</u>
<b>41</b> Sales of certain insurance policies (only if included in column B of Form 1NPR or line 1 of this schedule)	<b>41</b>	<u>.00</u>
<b>42</b> Combat zone related death	<b>42</b>	<u>.00</u>
<b>43</b> Private school tuition	<b>43</b>	<u>.00</u>
<b>44</b> Physician or psychiatrist grant (only if included in column B of Form 1NPR or line 1 of this schedule)	<b>44</b>	<u>.00</u>
<b>45</b> Distributions of certain earnings from Wisconsin state-sponsored college tuition programs	<b>45</b>	<u>.00</u>
<b>46</b> Add lines 22 through 45. Enter this amount on Form 1NPR, line 29, column B	<b>46</b>	<u>250 .00</u>



**Additional information from your 2020 Wisconsin Tax Return**

Form 1NPR

Explanation of Other Adjustments, Line 29

Continuation Statement

Other Income Description	Federal Income	Wisconsin Income
ABOVE-THE-LINE CHARITABLE CONTRIBUTIONS	250	250