Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

OMB No. 1545-0074

Subm	nission Identification Number (SID)		
Taxpay	yer's name	Social sec	curity number
NAG	GARJUNA BODDU	065-4	17-9620
Spouse	e's name	Spouse's	social security number
Par	Tax Return Information — Tax Year Ending December 31,	(Enter year year	u are authorizing.)
	whole dollars only on lines 1 through 5.	(Enter year you	a are authorizing.)
	Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.		
1	Adjusted gross income		57,064.
2	Total tax		2 3,619.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099		3 6,021.
4	Amount you want refunded to you		4 2,402.
5	Amount you owe		2,102.
Part			-
my kn	r penalties of perjury, I declare that I have examined a copy of the income tax return (original nowledge and belief, it is true, correct, and complete. I further declare that the amounts	n Part I above are the a	amounts from the income tax
return	(original or amended) I am now authorizing. I consent to allow my intermediate service prond my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or i	vider, transmitter, or ele	ctronic return originator (ERO)
	y delay in processing the return or refund, and (c) the date of any refund. If applicable, I at		
Agent	to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution	account indicated in th	e tax preparation software for
	ent of my federal taxes owed on this return and/or a payment of estimated tax, and the fina rization is to remain in full force and effect until I notify the U.S. Treasury Financial Agen		
payme	ent, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment car	cellation requests must	be received no later than 2
	ess days prior to the payment (settlement) date. I also authorize the financial institutions in		
persor	to receive confidential information necessary to answer inquiries and resolve issues rel nal identification number (PIN) below is my signature for the income tax return (original or onic Funds Withdrawal Consent.		
Тахр	ayer's PIN: check one box only		
-		or generate my PIN	7 9 6 2 0 as my
	signature on the income tax return (original or amended) I am now authorizing		Enter five digits, but don't enter all zeros
Г	☐ I will enter my PIN as my signature on the income tax return (original or amer		rizing Check this hox only
L	if you are entering your own PIN and your return is filed using the Practition below.		
Your	signature ▶	Date ►	
Spou	se's PIN: check one box only		
L		or generate my PIN	as my
	signature on the income tax return (original or amended) I am now authorizing		Enter five digits, but don't enter all zeros
_	I will enter my PIN as my signature on the income tax return (original or amer		rizing Check this hov anly
L	if you are entering your own PIN and your return is filed using the Practition		
	below.		
C	and a signature	Data N	
Spou	se's signature ► Practitioner PIN Method Returns Only—cont	Date >	
Part			
ERO'	's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN	<u> </u>	7 8 6 1 9 8 9 enter all zeros
I certif	fy that the above numeric entry is my PIN, which is my signature for the electronic individ	ual income tax return (ດ	riginal or amended) I am now
author	rized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm the ements of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS <i>e-file</i> I	at I am submitting this	return in accordance with the
FRO'	s signature ▶	Date ►	
	ERO Must Retain This Form — See Insti		
	= - ////////////////////////////////////		

Don't Submit This Form to the IRS Unless Requested To Do So

E 1040 Department of the Treasury—Internal Revenue Service (99)
U.S. Individual Income Tax Return

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the nonis a child but not your dependent	ame of y							
Your first name	and m	ddle initial	Last na	ne				Your s	ocial securi	ty number
NAGARJUI	NA		BODD	U				065-	47-962	0
If joint return, s	pouse's	first name and middle initial	Last na	ne				Spouse	s's social se	curity number
Home address	(numbe	r and street). If you have a P.O. box, see	instruction	ons.			Apt. no.	Preside	ential Electi	ion Campaign
18324 BI	RIDL	E CLUB DR							here if you,	
City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	oaces below.	State	ZIP	code		٠,	ntly, want \$3 Checking a
TAMPA					FL	33	3647	_	low will not	•
Foreign country	y name		F	Foreign province/state/c	county	For	eign postal cod	e your ta	or refund. You	. Spouse
At any time du	ring 20	020, did you receive, sell, send, excl	nange, o	r otherwise acquire a	any financial in	nterest in	n any virtual o	currency?	Yes	⊠ No
Standard Deduction	_	eone can claim:				ent				
Age/Blindness	s You:	☐ Were born before January 2, 1	956	Are blind Spo	use: Was	s born be	efore January	2, 1956	☐ Is bl	lind
Dependents	s (see	instructions):		(2) Social security	(3) Relat	ionship	(4) ✓ if	qualifies for	or (see instru	uctions):
If more		rst name Last name		number	to y	ou	Child tax		I	ther dependents
than four										
dependents, see instruction	s ——									
and check	<u> </u>									
here ►										
A + + I-	_1_	Wages, salaries, tips, etc. Attach F	orm(s) \	V-2				. 1		61,194.
Attach Sch. B if	2a	Tax-exempt interest	2a		b Taxable int	erest		. 2	d	
required.	3a		3a		b Ordinary di	vidends		. 3	b	
	4a	_	4a		b Taxable an	ount .		. 4		
	5a		5a		b Taxable an			. 5	-	
Standard Deduction for—	6a	, , , , , ,	6a		b Taxable am			. 6	-	
Single or	7	Capital gain or (loss). Attach Schee		required. If not requ	ired, check he	ere .	•			
Married filing separately,	8	Other income from Schedule 1, lin						. 8		<u>-4,130.</u>
\$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7,	and 8. T	his is your total inco	me			▶ 9)	57,064.
 Married filing jointly or 	10	Adjustments to income:								
Qualifying	а	From Schedule 1, line 22				10a				
widow(er), \$24,800	b	Charitable contributions if you take				10b				
Head of household.	С	Add lines 10a and 10b. These are		-				10	_	
\$18,650	11	Subtract line 10c from line 9. This		-				1		57,064.
If you checked any box under	12	Standard deduction or itemized	_	`	,			. 1:		12,400.
Standard Deduction,	13	Qualified business income deduct	on. Atta	ch Form 8995 or For	m 8995-A .			. 1:		10 100
see instructions.	14	Add lines 12 and 13						. 1		12,400.
	15	Taxable income. Subtract line 14	trom lin	e 11. If zero or less, e	enter -0			. 1	5	44,664.

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

Form **1040** (2020)

Form 1040 (2020)			Page 2
	16	Tax (see instructions). Check if any from Form(s): 1 🗌 8814 2 🗎 4972 3 🔲	16	5,619.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,619.
	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	3,619.
	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	3,619.
	25	Federal income tax withheld from:		
	a	Form(s) W-2	-	
	b	Form(s) 1099		
	С	Other forms (see instructions)	25.1	6 021
	d	Add lines 25a through 25c	25d	6,021.
 If you have a qualifying child, 	26	2020 estimated tax payments and amount applied from 2019 return	26	
attach Sch. EIC.	27			
If you have nontaxable	28	Additional child tax credit. Attach Schedule 8812	,	
combat pay,	29	American opportunity credit from Form 8863, line 8	4 1	
see instructions.	30	Amount from Schedule 3, line 13	-	
	31 32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	6,021.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,402.
Refund	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,402.
Direct deposit?	⊳ b	Routing number 1 2 1 0 0 0 3 5 8 C Type: X Checking Savings	55a	2,102.
See instructions.	▶d	Account number 3 2 5 0 6 5 0 5 2 9 2 7		
	36	Amount of line 34 you want applied to your 2021 estimated tax 36		
Amount	37	Subtract line 33 from line 24. This is the amount you owe now	37	
You Owe	0.	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for		
For details on		2020. See Schedule 3, line 12e, and its instructions for details.		
how to pay, see instructions.	38	Estimated tax penalty (see instructions)		
Third Party	Do	you want to allow another person to discuss this return with the IRS? See		
Designee	ins	tructions	selow.	X No
		signee's Phone Personal identi		
<u> </u>		ne ► no. ► number (PIN) ■		A = 6 === 1 == === == == == == == == == == ==
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which		
Here	Yo	ur signature Date Your occupation If the	RS ser	nt you an Identity
	k.	Prote	ection Pl	N, enter it here
Joint return?		BOITWING ENGINEER	inst.) ▶	
See instructions. Keep a copy for	Sp			nt your spouse an ection PIN, enter it here
your records.			inst.) ▶	
	Ph	one no. Email address		
Deid	Pre	parer's name Preparer's signature Date PTIN		Check if:
Paid	SYAM	PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 02/08/2021 P0208	2703	Self-employed
Preparer Use Only	Fin	n's name ► GLOBAL TAXES LLC Phor	ne no. (678)965-9522
Use Only	Fire	m's address ▶ 2530 Pebble Creek Ln Cumming GA 30041 Firm	's EIN ▶	30-1017196
Go to www.irs.go	v/Forn	n1040 for instructions and the latest information. BAA REV 02/01/21 PRO		Form 1040 (2020)

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2020
Attachment
Sequence No. 01

Department of the Treasury Internal Revenue Service

NAGARJUNA BODDU

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

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

Sequence No. 01
Your social security number
065-47-9620

Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,130.
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	4 120
Dar	t II Adjustments to Income	9	-4,130.
		Τ	
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and		
	on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE 3 (Form 1040)

Additional Credits and Payments

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

Attachment Sequence No. 03

Your social security number

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR

NAGARJUNA BODDU 065-47-9620 Part I Nonrefundable Credits 1 Foreign tax credit. Attach Form 1116 if required 1 2 2 Credit for child and dependent care expenses. Attach Form 2441 . . . Education credits from Form 8863, line 19 3 3 2,000. 4 Retirement savings contributions credit. Attach Form 8880 4 5 Residential energy credits. Attach Form 5695 5 Other credits from Form: **a** □ 3800 **b** 8801 6 С Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 7 7 2,000. Part II Other Payments and Refundable Credits 8 Net premium tax credit. Attach Form 8962 8 Amount paid with request for extension to file (see instructions) . 9 9 10 Excess social security and tier 1 RRTA tax withheld . . . 10 Credit for federal tax on fuels. Attach Form 4136 . 11 11 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 12f 13 Add lines 8 through 12f. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 13



REV 02/01/21 PRO

BAA

Schedule 3 (Form 1040) 2020

SCHEDULE E (Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

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

Attachment Sequence No. 13

Name(s)	shown on return		•				Your socia	I security	y number
NAGA	RJUNA BODDU						065-47		-
Part	Income or Loss	From Rental Real Estate and Ro	yalties No	te: If you	are in th	e business o	f renting per	sonal pr	operty, use
	Schedule C. See	instructions. If you are an individual, rep	oort farm renta	l income	or loss fi	om Form 48	35 on page	2, line 40	٥.
A Did	you make any payme	nts in 2020 that would require you to	o file Form(s)	1099?	See instr	uctions .		. 🔲 Y	′es ⊠ No
B If "	Yes," did you or will yo	ou file required Form(s) 1099?						. 🗌 Y	∕es □ No
1a	Physical address of	each property (street, city, state, ZII	P code)						
Α	GANDHI NAGAR H	IYDERABAD IN 500072	•						
В									
С									
1b	Type of Property	2 For each rental real estate pro	perty listed		Fair	Rental	Personal	Use	O.IV
	(from list below)	above report the number of fo	air rontal and			ays	Days		QJV
A	3	personal use days. Check the if you meet the requirements t	QJV box only	У А		365		0	
В		qualified joint venture. See ins	tructions.	В					
С				C					
	f Property:								
	le Family Residence	3 Vacation/Short-Term Rental	5 Land		7 Self-	Rental			
_	i-Family Residence	4 Commercial	6 Royalties	: .		r (describe)			
Incom		Properties:		A	o Oli le	B			С
3	Rents received		3		450.				
			4		130.	_			
Expen			7						
-			5						
		nstructions)	6		380.				
		nance	7		100.				
			8		100.				
			9	\rightarrow					
10	_	essional fees	10						
11			11						
		d to banks, etc. (see instructions)	12						
			13	3	,000.				
	Repairs		14		600.				
			15		200.				
			16						
	Utilities		17		300.				
		e or depletion	18						
19	Other (list)	lines 5 through 19	19						
20	Total expenses. Add	lines 5 through 19	20	4	,580.				
21	Subtract line 20 from	line 3 (rents) and/or 4 (royalties). If							
	• • •	instructions to find out if you must							
	file Form 6198		21	-4	,130.				
22		estate loss after limitation, if any,							
	on Form 8582 (see in		22 (-4,	130.)	()()
		eported on line 3 for all rental prope			23a		450.		
b	Total of all amounts re	eported on line 4 for all royalty prop	perties		23b				
С	Total of all amounts re	eported on line 12 for all properties			23c				
d	Total of all amounts re	eported on line 18 for all properties			23d				
е	Total of all amounts re	eported on line 20 for all properties			23e		4,580.		
24	Income. Add positiv	e amounts shown on line 21. Do no	ot include an	y losses	·		. 24		
25	Losses. Add royalty lo	sses from line 21 and rental real estate	e losses from	line 22.	Enter tota	al losses here	e . 25 (,	4,130.)
		ate and royalty income or (loss).							
		V, and line 40 on page 2 do not							
		40), line 5. Otherwise, include this a					. 26		-4,130.

Form **8863**

Department of the Treasury Internal Revenue Service (99)

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.

OMB No. 1545-0074

2020
Attachment Sequence No. 50

Name(s) shown on return

NAGARJUNA BODDU

Your social security number 065-47-9620



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	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)		
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		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)		
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	6	
	at least three places)		
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	7	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and	-	
U	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	11,350.
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)	-	
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		
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		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or		
47	qualifying widow(er)	-	
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

NAGARJUNA BODDU

Your social security number

065-47-9620



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	Student and Educational Institution Information				
20	Student name (as shown on page 1 of your tax return) NAGARJUNA		Student social security number (as s your tax return)	hown o	n page 1 of
	BODDU		065-47-9620		
22	Educational institution information (see instructions)				
а	. Name of first educational institution	b.	Name of second educational institut	ion (if ar	ny)
	CAMPBELLSVILLE UNIVERSITY INC				
(-	 Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. UNIVERSITY DRIVE 	(1)	Address. Number and street (or P. post office, state, and ZIP code. If instructions.		
	CAMPBELLSVILLE KY 42718				
(2	2) Did the student receive Form 1098-T	(2)	Did the student receive Form 1098 from this institution for 2020?	-T	Yes 🗌 No
(3	B) Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☒ No 7 checked?	(3)	Did the student receive Form 1098 from this institution for 2019 with b 7 checked?		Yes 🗌 No
(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.		Enter the institution's employer (EIN) if you're claiming the America if you checked "Yes" in (2) or (3) from Form 1098-T or from the institution.	an oppo . You d	ortunity credit or
	61-0469267				
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?		es - Stop! to 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.	X Ye		– Stop his stud	! Go to line 31 lent.
25	Did the student complete the first 4 years of postsecondary education before 2020? See instructions.	× G	es — Stop! to to line 31 for this No udent.	– 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?	I G	es — Stop! to to line 31 for this houdent.	– Comp ugh 30	olete lines 27 for this student.
CAUT				in the s	same year. If
	American Opportunity Credit				
27	Adjusted qualified education expenses (see instructions). Dor			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, a	. ,			
	enter the result. Skip line 31. Include the total of all amounts f	from all	Parts III, line 30, on Part I, line 1.	30	
	Lifetime Learning Credit				
31	Adjusted qualified education expenses (see instructions). Incl	lude the	total of all amounts from all Parts	31	11.350.



For Calendar Year January 1 - December 31, 2020

Print in BLACK ink only and DO NOT STAPLE.

	Amended Return Composite Return (For use by S corporations or Partnerships) Federal Extension - Select this box if you have an approved federal extension. Attach a copy Federal Extension (Form 48)	68).
	ing a fiscal year return enter the beginning and ending dates here. Sal Year Beginning (MM/DD/YY) Fiscal Year Ending (MM/DD/YY) 1555 Department Use Only	
Filing Status	X Single Claimed as a Married Filing Married Filing Head of Dependent Combined Separately Household Widow(er)	
	Age 62 through 64	
Name	Social Security Number in 2020 Spouse's Social Security Number in 2020 Spouse	eceased n 2020 Suffix Suffix
Address	Present Address (Include Apartment Number or Rural Route) 18324 BRIDLE CLUB DR City, Town, or Post Office TAMPA FL 33647 County of Residence STCT	

You may contribute to any one or all of the trust funds on Line 47. See pages 11-12 of the instructions for more trust fund information.

























REV 02/01/21 PRO



				Yourself (Y)	Spouse (S)								
	1.	Federal adjusted gross income from federal return (see worksheet on page 7 of the instructions)	1Y	57064 . 00	18	. [00						
	2.	Total additions (from Form MO-A, Part 1, Line 7)	2Y	. 00	28	. [00						
ıncome	3.	Total income - Add Lines 1 and 2	3Y	57064 . 00	3S	. [00						
	4.	Total subtractions (from Form MO-A, Part 1, Line 18)	4Y	. 00	48	. [00						
	5.	Missouri adjusted gross income - Subtract Line 4 from Line 3	5Y	57064 . 00	58	. [00						
		Total Missouri adjusted gross income - Add columns 5Y and 5S Income percentages - Divide columns 5Y and 5S by total on Line 6. (Must equal 100%)	7Y	100 %	7064 00	%	6						
	8.	Pension, Social Security, Social Security Disability, and Military MO-A, Part 3, Section E)			8	. [00						
	9.	Tax from federal return		9 3619	00								
	10.	O. Other tax from federal return											
	11.	3619											
	12.	Federal tax percentage – Enter the percentage based on your Missouri Adjusted Gross Income, Line 6. Use the chart below to find your percentage		12 15.00	%								
Deductions		Missouri Adjusted Gross Income Range, Line 6: Federal Ta. \$25,000 or less	5% 5% 5% 6%										
ions and	13.	Federal income tax deduction – Multiply Line 11 by the percenta amount not to exceed \$5,000 for an individual or \$10,000 for co	-		13 543	. [00						
Exemptic	14.	Missouri standard deduction or itemized deductions. (If itemizin • Single or Married Filing Separate-\$12,400 • Head of Hou • Married Filing Combined or Qualifying Widow(er)-\$24,800 Note: If age 65 or older, blind, or claimed as a dependent, see pa	seholo	d-\$18,650	14 12400	.[00						
	15.	Long-term care insurance deduction			15	. [00						
	16.	Health care sharing ministry deduction			16	. [00						
	17.	Active Duty Military income deduction			17	. [00						
	18.	Inactive Duty Military income deduction			18	. [00						
	19.	Bring jobs home deduction			19	. [00						
	20.	Transportation facilities deduction			20	. [00						
		A. Port Cargo Expansion B. International Trade Fa	cility	C. Qualified Trade Ac	tivities								

ъ	21.	First Time Home Buyers deduction. A.	В.			21			00
Deductions Continued					•	00	12042	- · · ·	
Con	22.	Total deductions - Add Lines 8 and 13 through 21				22	12943	ا. ل ا	00
ions		Subtotal - Subtract Line 22 from Line 6				23	44121].	00
aduct	24.	Multiply Line 23 by appropriate percentages (%) on Lines 7Y and 7S	24Y	44121	1 00	24S].[00
۵	25.	Enterprise zone or rural empowerment zone income				250] [00
		modification	25Y		00	258		ا. ا	00
	26.	Taxable income - Subtract Line 25 from Line 24	26Y	44123	1 00	26S			00
	07	Tour (see Associated to the contractions)	27Y	2198	3 00	278			00
	21.	Tax (see tax chart on page 22 of the instructions)	[211]		2 . 00	[275]		ا.ل	00
	28.	Resident credit - Attach Form MO-CR and other states'	28Y	1160	5 00	285		7	00
		income tax return(s)	201		-1.[00]	[200]		ا.ل	00
	29.	Missouri income percentage - Enter 100% unless you are completing Form MO-NRI. Attach Form MO-NRI and a						_	
		copy of your federal return if less than 100%	29Y	100	2 %	298		<u> </u>	%
Тах	30	Balance - Subtract Line 28 from Line 27; OR						¬ г	
	50.	multiply Line 27 by percentage on Line 29	30Y	1032	2 . 00	30S].[00
	31	Other taxes - Select box and attach federal form indicated.							
	01.								
		Lump sum distribution (Form 4972)			ا ا				
		Recapture of low income housing credit (Form 8611)	31Y		00	31S].	00
	32.	Subtotal - Add Lines 30 and 31	32Y	1032	2 00	32S].[00
	20	Total Tax - Add Lines 32Y and 32S				33	1032		00
	33.	Total Tax - Add Lines 321 and 325				. [55]		ا.ل	00
								¬ [
	34.	MISSOURI tax withheld - Attach Forms W-2 and 1099				. 34	1152].	00
								¬ [
	35.	2020 Missouri estimated tax payments - Include overpayment fr		. 35].[00		
edits	36.	Missouri tax payments for nonresident partners or S corporation	on shar	eholders - Attach	Forms			ا _ا	
d Cr		MO-2NR and MO-NRP				. 36].	00
Payments and Credits	37.	Missouri tax payments for nonresident entertainers - Attach	orm MC)-2ENT		. 37].[00
/men	00						00		
Pa	38.	Amount paid with Missouri extension of time to file (Form MO] [
	39.	Miscellaneous tax credits (from Form MO-TC, Line 13) - Attac	ch Form	MO-TC		. 39]. 	00
	40.	Property tax credit - Attach Form MO-PTS				. 40].[00
	11	Total navments and credits - Add Lines 34 through 40				41	1152		00

	SK	ip Lines 42 throug	in 44 if you are not filling an	amended return	1.			
	42.	Amount paid on or	riginal return			42		. 00
	43.	Overpayment as s	shown (or adjusted) on origina	al return		43		. 00
		Indicate Reason	for Amending	Enter date of	IRS report (MM/DD/YY	·)		
Amended Return		A. Federal a	audit			,		
Amende		B. Net Oper	rating Loss carryback	Enter year of	credit (YY)			
		C. Investme	ent tax credit carryback		federal amended return	n, if filed. (MM/D	D/YY)	
		D. Correctio	on other than A, B, or C				r	
	44.		otal payments and credits - A			3. 44		. 00
	45.	•	ended return, Line 44, is larger			45		120 . 00
	46.	Amount of Line 45	to be applied to your 2021 e	stimated tax		46		. 00
	47.	Enter the amount	of your donation in the trust f	und boxes below.	See instructions for ad	ditional trust fun	d codes.	
	47:	Children's a. Trust Fund	. 00 47b. Veterans	. 00 470	Elderly Home Delivered Meals C. Trust Fund	. 00 47d. Misso Nation Trust	nal Guard	. 00
	470	Workers' e. Memorial Fund	. 00 47f. Childhood Lead Testing Fund Kansas City	. 00 479	Soldiers	. 00 47h. Gene Reve	ral nue Fund	. 00
Refund	47i	. Organ Donor I. Program Fund	Regional Law Enforcement Enforcement Foundation Fund	. 00 478	Memorial Military Museum in St. Louis Fund	. 00		
Ř	471	. Fund	Additional Fund Amount . 00 47	Additional Fund 7m. Code	Additional Fund Amount	0		
		Total Donation - Ad	dd amounts from Boxes 47a t	:hrough 47m and	enter here	47		. 00
	48.		to be deposited into a Misso total deposit amount from Fo		ı Plan (MOST)	48		. 00
	49.	REFUND - Subtract	ct Lines 46, 47, and 48 from	Line 45 and enter	here	49		120 . 00
		a. Routing Number	121000358			c. X Check	king .	Savings
		b. Account Number	325065052927					

	50. If Line 33 is larger than Line 41 or Li Amount of UNDERPAYMENT			50			00	
Due	51. Underpayment of estimated tax pen	alty - Attach <u>Form MO-2210</u> . Er	nter penalty amount here .	51		. 0	00	
Amount Due	Select this box if you are a fa	rmer exempt from the underpay	ment of estimated tax per	ıalty.				
٩	52. AMOUNT DUE - Add Lines 50 and 8 If you pay by check, you authorize the electronically. Any returned check m	ne Department of Revenue to p		52		0	00	
	Under penalties of perjury, I declare that I of my knowledge and belief it is true, correct the Department of Revenue with my signal based on all information of which he or imposed on any individual who files a unauthorized aliens as defined under fed aliens.	ct, and complete. By signing or er ture as required under <u>Section 1</u> she has knowledge. As provide a frivolous return. I also decla	tering my name in the "Sign 43.561, RSMo. Declaration d in Chapter 143, RSMo. re under penalties of pe	ature" fie of prepai , a pena rjury tha	eld(s) below, I rer (other than Ity of up to \$ at I employ	am providir n taxpayer) 500 shall b no illegal	ng is be or	
	Signature		Dat	te (MM/DE	D/YY)			
	Spouse's Signature (If filing combined, BOTH	must sign)	Dat	te (MM/DE	D/YY)			
	E-mail Address		Day	ytime Tele	phone			
nre	SYAM@GTAXFILE.COM	6	69208	32528				
Signature	Preparer's Signature	Dat	te (MM/DE	D/YY)				
S	SYAM PRIYA RAM SAGAR G	SUPTA TALLAM	0	2	08	21		
	Preparer's FEIN, SSN, or PTIN		Pre	Preparer's Telephone				
	30-1017196		6	78965	59522			
	Preparer's Address		Sta	te	ZIP Code		_	
	2530 PEBBLE CREEK LN C	CUMMING	G	A	30041			
	I authorize the Director of Revenue or d or any member of the preparer's firm Did you pay a tax return preparer to com				X Yes	s N	lo	
	an Internal Revenue Service preparer ta: preparer's name, address, and phone nu	x identification number? If you n	narked yes, please insert th	ne	. Yes	s N	0	
		Department Use On	ly					
	A FA E10	□ DE □	F					
Mai	il To: Balance Due:	Refund or No Amount Due	e: Phone (Balance Du	ue): (573)		(Revised 12-202	20)	

Missouri Department of Revenue P.O. Box 329 Jefferson City, MO 65105-0329

Missouri Department of Revenue P.O. Box 500 Jefferson City, MO 65105-0500

Phone (Refund or No Amount Due): (573) 751-3505 Fax: (573) 522-1762

E-mail: income@dor.mo.gov





Complete this form if you or your spouse have income from another state or political subdivision. If you had multiple credits, complete a separate form for each state or political subdivision.

Attach Form MO-CR and all income tax returns for each state or political subdivision to Form MO-1040.

Nam	e		Social Security Number			
NAO	GARJUNA BODDU		065 - 4	7 -	9620	
Spor	ise's Name		Spouse's Social Security N	lumber		_
			1-			
1	Claimant's total adjusted gross income (Form MO-1040, Line 5Y		Yourself (Y)		Spouse (S)	_
1.	and Line 5S)	1Y	57064 00	15		. 00
2.	27S). Use the two letter abbreviation for the state or name of political subdivision. See the table on back for the two letter	2Y	2198.00	2S		. 00
	abbreviation, or enter the name of the political subdivision below.		State of:		State of:	
3.	Wages and commissions	3Ү	33776.00	38		. 00
4.	Other income (Describe nature)	4Y	0 . 00	48		. 00
5.	Total - Add Lines 3 and 4	5Y	33776 . 00	58		. 00
6.	Less, related adjustments (Federal Form 1040 or 1040-SR, Line 10c)	6Y	. 00	68		00
7.	Net amounts - Subtract Line 6 from Line 5	7Y	33776.00	7S	0	. 00
8.	Percentage of your income taxed - Divide Line 7 by Line 1	8Y	59. %	88	0.	%
9.	Maximum credit - Multiply Line 2 by percentage on Line 8	9Y	1297.00	98		. 00
10.	Income tax you paid to another state or political subdivision. This is not income tax withheld. The income tax is reduced by all credits, except withholding and estimated tax	10Y	1166	10S	0	. 00
11.	Credit - Enter the smaller amount of Line 9 or Line 10 here and on Form MO-1040, Line 28Y or Line 28S. If you have multiple credits, add the amounts on Line 11 from each Form MO-CR before entering on Form MO-1040	11Y	1166 . 00	118	0	. 00

TAXABLE YEAR FORM

2020	California	e-file Si	gnature	Authorization	for	Individuals
------	------------	-----------	---------	----------------------	-----	-------------

0070

Your name California e-file Signature Authorization	
Tour name	Your SSN or ITIN
NAGARJUNA BODDU	065-47-9620
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
Part I Tax Return Information (whole dollars only)	
1 California Adjusted Gross Income (AGI). See instructions	
2 Amount You Owe. See instructions	
3 Refund or No Amount Due. See instructions	3
Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of you	ır return.)
to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name tax identification number) and the amounts shown in Part I above agree with the information and amounts income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicab agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irreagent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or interesting to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filed does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applic read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic incontinuation.	shown on the corresponding lines of my electronic the estimated tax payments as shown on my return e, I declare that direct deposit refund amount on line vocable appointment of the other spouse/RDP as an ermediate service provider to transmit my complete the FTB to disclose to my ERO, intermediate service ing a balance due return, I understand that if the FTB able interest and penalties. I acknowledge that I have the tax return. I have selected a personal identification
number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Taxpayer's PIN: check one box only	Withdrawai Consent.
■ lauthorize GLOBAL TAXES LLC	to enter my PIN 7 9 6 2 0
ERO firm name	Do not enter all zeros
as my signature on my 2020 e-filed California individual income tax return.	
I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check return is filed using the Practitioner PIN method. The ERO must complete Part III below.	this box only if you are entering your own PIN and yo
return is filed using the Practitioner PIN method. The ERO must complete Part III below.	
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date	
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date Spouse's/RDP's PIN: check one box only	>
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date)
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date Spouse's/RDP's PIN: check one box only I authorize	to enter my PIN
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date Spouse's/RDP's PIN: check one box only I authorize ERO firm name as my signature on my 2020 e-filed California individual income tax return.	to enter my PIN Do not enter all zeros
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date Spouse's/RDP's PIN: check one box only I authorize ERO firm name as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	to enter my PIN Do not enter all zeros Check this box only if you are entering your own Pi
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature Date Spouse's/RDP's PIN: check one box only I authorize ERO firm name as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.	to enter my PIN Do not enter all zeros Check this box only if you are entering your own P Date
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature	to enter my PIN Do not enter all zeros Check this box only if you are entering your own P Date
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature	to enter my PIN Do not enter all zeros Check this box only if you are entering your own P Date
return is filed using the Practitioner PIN method. The ERO must complete Part III below. Your signature	to enter my PIN Do not enter all zeros Check this box only if you are entering your own Pi Date Date Do not enter all zeros income tax return for the taxpayer(s) indicated above

TAXABLE YEAR

2020

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

AP1

ATTACH FEDERAL RETURN

065-47-9620 BODD NAGARJUNA BODDU 20

18324 BRIDLE CLUB DR

TAMPA FL 33647

06-23-1994

		If your California filing status is different from your federal filing status, check the box here										
	1	X Single		4 He	ad of household (with qual	lifying person).	See instructions.					
Filing Status	2	Married/	/RDP filing jointly. See inst.	5 Qu	alifying widow(er). Enter y	ear spouse/RDI	P died.					
ШΩ				Se	e instructions.	_						
	3	Married/	/RDP filing separately. Enter	spouse's/RDP's	SSN or ITIN above and ful	II name here						
	6	If someone can	ı claim you (or your spouse/l	RDP) as a depe	ndent, check the box here.	See inst	• 6					
•	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. 7 Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you Whole dollars or											
	7	Personal: If you checked box 2 of	= • \$	124								
	8	Blind: If you (or if both are visual										
	9		or your spouse/RDP) are 65 r older, enter 2			X \$124	-@\$					
ions	10		o not include yourself or you Dependent 1			Λ ΨΙΖΉ	Dependent 3					
Exemptions		First Name		•		•						
Ш		Last Name		•		•)					
		SSN. See instructions.		•		•						
		Dependent's relationship to you)	•		•						
,	Total	dependent exem	nptions		• 10] _{X \$383 = (}	\$					

You	r nar	me: BODDU	Your SSN or ITIN:	065-47-9620		
	11	Exemption amount: Add line 7 through li	ne 10		• 11 \$	124
	12	Total California wages from your federal Form(s) W-2, box 16	• 12	33776	. 00	
Total Taxable Income	13 14 15 16	Enter federal AGI from federal Form 1040 California adjustments – subtractions. Er Part II, line 23, column B	chedule CA (540NR), n parentheses. dule CA (540NR), Part II,	15	57064 .00 .00 57064 .00	
	17 18 19	Adjusted gross income from all sources. Enter the larger of: Your California itemi Part III, line 30; OR Your California stand Subtract line 18 from line 17. This is you enter -0-	zed deductions from S ard deduction. See ins r total taxable income	chedule CA (540NR), structions		57064 .00 4601 .00 52463 .00
	31	Tax. Check the box if from:	Table Tax	x Rate Schedule		
	32		e CA	33776	. • 31	2091 .00
	35	CA Taxable Income from Schedule CA (5	40NR), Part IV, line 5		. • 35	31053
Income	36	CA Tax Rate. Divide line 31 by line 19 CA Tax Before Exemption Credits. Multip]	1239 .00
CA Taxable Income	38	CA Exemption Credit Percentage. Divide lir If more than 1, enter 1.0000	ne 35 by line 19.			. [00]
	39	CA Prorated Exemption Credits. Multiply If the amount on line 13 is more than \$2	•	s	• 39	73 .00
	40	CA Regular Tax Before Credits. Subtract	line 39 from line 37. If	less than zero, enter -0	. • 40	1166
	41	Tax. See instructions. Check the box if fr	om: • Schedule	G-1 ● ☐ FTB 5870A	41	.00
	42	Add line 40 and line 41			. • 42	1166 .00
dits	50 51	Nonrefundable Child and Dependent Care Attach form FTB 3506	d		• 50	• 00
Special Credits	52 53 54	Credit for dependent parent. See instruct Credit for senior head of household. See instructions	• 53 In line 38 here.		. 00 . 00	
	55	If more than 1, enter 1.0000. See instructions			. • 55	. 00

Side 2 Form 540NR 2020

175

3132204

REV 02/01/21 PRO

You	r nar	ne:	BODDU			Your SSN o	or ITIN:	065-	47-9620				
	58	Enter	r credit name				code •		and amount	• 58			. 00
inued	59	Enter	r credit name				code •		and amount	• 59			. 00
cont	60	To cl	aim more tha	an two cred	lits. See instr	uctions				• 60			. 00
redits	61	Nonr	refundable Ro	enter's Cred	lit. See instru	ctions				• 61			. 00
Special Credits continued	62	Add	line 50 and li	ine 55 throu	ugh 61. These	e are your tota	l credits .			62			. 00
Spe	63	Subt	ract line 62 f	rom line 42	. If less than	63		1166	. 00				
													_00
	71				tach Schedul								
Other Taxes	72	Ment	tal Health Se	rvices Tax.	See instruction	• 72			. 00				
ther	73	Othe	r taxes and c	redit recap	ture. See inst	ructions				• 73			. 00
0	74	Exce	ss Advance F	Premium As	ssistance Sub	osidy (APAS) r	epayment	. See inst	ructions	• 74			. 00
	75	Add	line 63, line 7	71, line 72,	line 73, and I	ine 74. This is	your tota	I tax		• 75		1166	. 00
	81	Calif	ornia income	tax withhe	ld. See instru	ctions				81		718	. 00
	82	2020) CA estimate	ed tax and c	other paymen	ts. See instruc	tions			82			. 00
	83	With	holding (For	m 592-B an	ıd/or 593). Se	e instructions				• 83			. 00
ents	84	Exce	ss SDI (or VI	PDI) withhe	eld. See instru	ıctions				• 84			. 00
Payments	85												. 00
	86	Your	ng Child Tax (Credit (YCT	C). See instru	ıctions				• 86			. 00
	87			·	,					• 87			. 00
	88	Add	line 81 throu	gh line 87.	These are yo	ur total payme	nts. See i	nstructio	าร	88		718	. 00
SR Penalty	91	Indiv			oility (ISR) Pe are coverage.	nalty. See inst	ructions .		• 91		.(00	
Overpaid Tax/Tax Due	92 93	subti Indiv	ract line 91 fi ⁄idual Shared	rom line 88 I Responsib	bility Penalty I	Balance. If line	91 is mo	 re than lii		9293			.00
paid	101	Over	paid tax. If li	ne 92 is mo	ore than line 7	'5, subtract lin	e 75 from	line 92.		101			_ 00
Ove	102	Amo	unt of line 10	01 you wan	t applied to y	our 2021 estin	nated tax			• 102			. 00

REV 02/01/21 PRO Form 540NR 2020 **Side 3**

	BODDU Vour SSN or ITIN: 065-47-9620	ı			
our nan	Tour SSN OF THIN.				
103	Overpaid tax available this year. Subtract line 102 from line 101	• 10	03		. 00
104	Tax due. If line 92 is less than line 75, subtract line 92 from line 75	10	04	448	. 00
		Cor	<u>de</u>	Amount	
	California Seniors Special Fund. See instructions	• 4	00		. 00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 4	01		. 00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 4	03		. 00
	California Breast Cancer Research Voluntary Tax Contribution Fund	• 4	05		. 00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	• 4	06		. 00
	Emergency Food for Families Voluntary Tax Contribution Fund	• 4	07		. 00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 4	80		. 00
	California Sea Otter Voluntary Tax Contribution Fund	• 4	10		. 00
2	California Cancer Research Voluntary Tax Contribution Fund	• 4	13		. 00
	School Supplies for Homeless Children Fund	• 4	22		. 00
	State Parks Protection Fund/Parks Pass Purchase	• 4	23		. 00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 4	24		. 00
	Keep Arts in Schools Voluntary Tax Contribution Fund	• 4	25		. 00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	• 4	31		. 00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 4	38		. 00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 4	39		. 00
	Rape Kit Backlog Voluntary Tax Contribution Fund	• 4	40		. 00
	Schools Not Prisons Voluntary Tax Contribution Fund	• 4	43		. 00
	Suicide Prevention Voluntary Tax Contribution Fund	• 4	44		. 00

120 Add code 400 through code 444. This is your total contribution **120**

You	r nan	ne:	BODDU		Your SSN or ITIN:	065-47-9	620			
Amount You Owe	121	Mail		BOARD, PO BO	, and line 120. See inst DX 942867, SACRAME ore information.					448 .00
Interest and Penalties		Unde	rest, late return penal erpayment of estimat		yment penalties	95F attached	122			-00
_	124	Total	l amount due. See ins	structions. Enclo	ose, but do not staple,	any payment	124			448 . 00
	125	REF	UND OR NO AMOUN	T DUE. Subtract	line 120 from line 103	3. See instructions	3.			
		Mail	to: Franchise tax	BOARD, PO BO	X 942840, SACRAMEI	NTO CA 94240-00	01 • 125			_ 00
Refund and Direct Deposit	Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip.									
To le	arn a a.gov	about v/forr naltie:	your privacy rights, h	ow we may use 31. To request the that I have exar	your information, and iis notice by mail, call t mined this tax return, in	300.852.5711.				-
	signat			oot, and oomplo	Date		Spouse's/RDP's signat	ure (if a jo	int tax returr	n, both must sign)
			Your email addre	ss. Enter only one	email address.					d phone number
Si	gn								66920	82528
He	ere)		•	of preparer is based on R GUPTA TALLAN		vhich preparer has any	y knowled	lge)	
	unlaw rge a		Firm's name (or yours			1				● PTIN
spou RDP	ise's/		GLOBAL TAX							P02082703
signa	ature.		Firm's address							Firm's FEIN
Joint retur			2530 PEBBL	E CREEK LN	N CUMMING GA 3	30041				301017196
(See instr	uctior	ns)	Do you want to allo	ow another perso	on to discuss this tax r	eturn with us? Se	e instructions	•	Yes	× No
			Print Third Party Desi	ignee's Name					Telephone I	Number

REV 02/01/21 PRO Form 540NR 2020 **Side 5**

TAXABLE YEAR

2020

SCHEDULE

California Adjustments — Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule behind Forr	m 540NR, Side 5 a	s a supporting Ca	lifornia schedule.		
Name(s) as shown on tax return				SSN or IT	IN
NAGARJUNA BODDU				065479	9620
Part I Residency Information. Complete all line	es that apply to you ar	nd your spouse/RDP	for taxable year 2020.		
During 2020:					
1 My California (CA) Residency (Check one)					
a Myself: 🏵 🔀 Nonresident 🖲 Part-Year R	lesident 💿 Reside	nt b Spous	se: 💿 Nonresident	t 🕑 Part-Year Res	sident 💿 Resident
			Yourself		Spouse/RDP
2 a I was domiciled in (enter two letter code, see in	nstructions)			<u>M O</u>	
b I was in the military and stationed in (enter two	letter code)		O	•	
3 I became a CA resident (enter state of prior resid	ence and date (mm/do	d/yyyy) of move)	•//	· •	//
4 I became a CA nonresident (enter new state of re	sidence and date (mm	n/dd/yyyy) of move).	•//	· •	//
5 I was a CA nonresident the entire year (enter stat				<u>M</u> O •	
6 The number of days I spent in CA for any purpos	e was:		lacktriangle		
7 I owned a home/property in CA (enter Y for Yes,				<u>N</u>	_
8 Before 2020: I was a CA resident for the period of	of		● /_//	/_	/
			•/_//	/_	/
Part II Income Adjustment Schedule	Α	В	С	D	E
Section A — Income	Federal Amounts	Subtractions	Additions	Total Amounts	CA Amounts
from federal Form 1040 or 1040-SR	(taxable amounts from your federal tax return)	See instructions (difference between	See instructions (difference between	Using CA Law As If You Were a	(income earned or received as a CA
		CA & federal law)	CA & federal law)	CA Resident (subtract col. B from	resident and income earned or received
				col. A; add col. C	from CA sources
				to the result)	as a nonresident)
1 Wages, salaries, tips, etc. See instructions	61,194.		•	61,194.	33,776.
before making an entry in col. B or C 1 2 Taxable interest. a • 2b	01,1311	•	•	01,131.0	33,770.
3 Ordinary dividends. See instructions.					
a • 3b		•	•	•	•
4 IRA distributions. See instructions.					
a 💿 4b	•	•	•	•	•
5 Pensions and annuities. See					
instructions. a 💿 5b	lacksquare	\odot	•	•	•
6 Social security benefits.					
a 🖲 6b	lacktriangle	•			
7 Capital gain or (loss). See instructions 7	•	•		•	•
Section B — Additional Income					
from federal Schedule 1 (Form 1040)					
1 Taxable refunds, credits, or offsets of state					
and local income taxes	•	•			
2a Alimony received. See instructions 2a	•		•	•	•
3 Business income or (loss). See instructions 3	•	\odot	•	•	•
4 Other gains or (losses) 4	•	•	•	•	•
5 Rental real estate, royalties, partnerships,	_				
S corporations, trusts, etc 5		ledot	•	-4,130.	

For Privacy Notice, get FTB 1131 ENG/SP.

				•	
	A	В	С	D	E
Section B — Additional Income Continued	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)
6 Farm income or (loss) 6	•	•	•	•	lacktriangle
7 Unemployment compensation	•				
a California lottery winnings	1	' a <u></u>	a		
b Disaster loss deduction from FTB 3805V		b <u>•</u>	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		C	C •		
d NOL deduction from FTB 3805V	•	d • • • • • • • • • • • • • • • • • • •	d e	8 🖲	8 🖲
f Other (describe): •		f <u>•</u>	f <u>•</u>		
g Student loan discharged due to closure of a for-profit school		. g <u>•</u>	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C 9	57,064.	•	•	57,064.	33,776.
	A	В	С	D	E
Section C — Adjustments to Income from federal Schedule 1 (Form 1040)	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	CA Amounts (income earned or received as a CA resident and income

		A	В	C	D	E
Sei	tion C — Adjustments to Income from federal Schedule 1 (Form 1040)	Federal Amounts (taxable amounts from your federal tax return)		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)
10	Educator expenses	•	•			
11	Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•		•	•
12	Health savings account deduction 12	•	•			
13	Moving expenses. Attach federal Form 3903. See instructions	•		•	•	•
14	Deductible part of self-employment tax See instructions	•	•		•	•
	Self-employed SEP, SIMPLE, and qualified plans	•			•	•
16	Self-employed health insurance deduction. See instructions	•	•		•	•
	Penalty on early withdrawal of savings 17 Alimony paid. b Enter recipient's:	•			•	•
	SSN •					ledot
19	IRA deduction	•			•	\odot
20	Student loan interest deduction 20	•		•	•	●
21	Tuition and fees	•	•			
	Add line 10 through line 21 in each column, A through E			•		•
23	Total. Subtract line 22 from line 9 in each column, A through E. See instructions 23	57,064.	•	•	57,064.	33,776.

	k the box if you did NOT itemize for federal but will itemize for California						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0					•	
axe	s You Paid						
5a	State and local income tax or general sales taxes	•	2,208.	•	2,208.		
	State and local real estate taxes	_					
5c	State and local personal property taxes	\odot					
	Add line 5a through line 5c	_	2,208.				
	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	lacksquare	2,208.	lacksquare	2,208.	lacksquare	C
6	Other taxes. List type			•		•	
7	Add line 5e and line 6	l _	2,208.	•	2,208.	•	C
ite	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098	•				•	
b	Home mortgage interest not reported to you on federal Form 1098	•				•	
C	Points not reported to you on federal Form 1098	•				•	
d	Mortgage insurance premiums8d	•		•			
е	Add line 8a through line 8d	•		•		•	
	Investment interest	•		•		•	
0	Add line 8e and line 9	•		•		•	
ift	to Charity						
1	Gifts by cash or check	•		•		•	
2	Other than by cash or check	•		•		•	
3	Carryover from prior year	•		•		•	
4	Add line 11 through line 13	<u>•</u>		•		•	
as	ialty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses).						
	Attach federal Form 4684. See instructions	•		•		•	
the	r Itemized Deductions						
6	Other—from list in federal instructions	(e)		(e)		•	
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C		2,208.	$\overline{}$	2,208.		(

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		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type 0.		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 57,064.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	26	0.
27	Other adjustments. See instructions. Specify.	27	
28		28	0.
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	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	30	4,601.
	rt IV California Taxable Income		
2	California AGI. Enter your California AGI from Part II, line 23, column E	•	33,776.
	California Itemized/Standard Deductions. Multiply line 2 by the percentage on line 3		2,723.
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	31,053.

DO NOT MAIL THIS FORM TO THE FTB TAXABLE YEAR **FORM California e-file Signature Authorization for Individuals** Your SSN or ITIN 065-47-9620 NAGARJUNA BODDU Spouse's/RDP's name Spouse's/RDP's SSN or ITIN Part I Tax Return Information (whole dollars only) Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.) Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider (including my name, address, and social security number or individual tax identification number) and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/RDP as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent. Taxpaver's PIN: check one box only ■ Lauthorize GLOBAL TAXES LLC to enter my PIN ERO firm name Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. 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. Date **•** Your signature > Spouse's/RDP's PIN: check one box only **ERO firm name** Do not enter all zeros as my signature on my 2020 e-filed California individual income tax return. I will enter my PIN as my signature on my 2020 e-filed California individual income tax return. Check this box only if you are entering your own PIN

Date •

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

5 8 7 2 7 8 6 1 9 8 9

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers.

ERO's signature ▶ Date ▶ 02/08/2021

Spouse's/RDP's signature

Voucher at bottom of page.



DO NOT MAIL A PAPER COPY OF YOUR TAX RETURN WITH THE PAYMENT VOUCHER.

If amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and "2020 FTB 3582" on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942867 SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Calendar Year – File and pay by April 15, 2021.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Use Web Pay and enjoy the ease of our free online payment service.

Go to ftb.ca.gov/pay for more information.

Do not mail this voucher if you use Web Pay.

__ _ _ DETACH HERE __ _ _ _ _ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER __ _ _ _ DETACH HERE __ _ _ _ CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2020

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM

3582 (e-file)

065-47-9620 BODD NAGARJUNA BODDU 20

18324 BRIDLE CLUB DR

TAMPA FL 33647

Amount of Payment

448.

TAXABLE YEAR

2020

CALIFORNIA FORM

California Nonresident or Part-Year Resident Income Tax Return

540NR

AP:

ATTACH FEDERAL RETURN

065-47-9620 BODD NAGARJUNA BODDU 20

18324 BRIDLE CLUB DR

TAMPA FL 33647

06-23-1994

		If your California filing status is different from your federal filing status, check the box here
	1	X Single 4 Head of household (with qualifying person). See instructions.
Status	2	Married/RDP filing jointly. See inst. 5 Qualifying widow(er). Enter year spouse/RDP died.
-0,		See instructions.
	3	Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
	6	If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst
•	For	r 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. 1 X \$124 = • \$ 124
	8	Blind: If you (or your spouse/RDP) are visually impaired, enter 1;
	9	if both are visually impaired, enter 2
n		if both are 65 or older, enter 2
	10	Dependents: Do not include yourself or your spouse/RDP. Dependent 1 Dependent 2 Dependent 3
		First Name
ì		Last Name
		SSN. See instructions.
		Dependent's relationship to you
	Total	dependent exemptions

Your name:		me: BODDU	Your SSN or ITIN:	065-47-9620		
	11	Exemption amount: Add line 7 through I	ine 10		• 11	\$ 124
	12	Total California wages from your federal Form(s) W-2, box 16	• 12	33776	_00	
Total Taxable Income	13 14 15 16	Enter federal AGI from federal Form 104 California adjustments – subtractions. En Part II, line 23, column B Subtract line 14 from line 13. If less than See instructions California adjustments – additions. Enter line 23, column C	nter the amount from S n zero, enter the result i	chedule CA (540NR), in parentheses. cdule CA (540NR), Part II,	. • 14	57064 .00 .00 57064 .00
	17 18 19	Adjusted gross income from all sources. Enter the larger of: Your California itemi Part III, line 30; OR Your California stanc Subtract line 18 from line 17. This is you enter -0-	zed deductions from S lard deduction. See ins ir total taxable income	structions		57064 .00 4601 .00 52463 .00
	31	Tax. Check the box if from:	Table Ta	x Rate Schedule		*
	32		e CA	B 3803	31	2091 .00
	35	CA Taxable Income from Schedule CA (5	40NR), Part IV, line 5.		. • 35	31053
CA Taxable Income	36	CA Tax Rate. Divide line 31 by line 19		● 36 0.0399] _	
able Ir	37	CA Tax Before Exemption Credits. Multip			. • 37	1239 .00
CA Tax	38 39	CA Exemption Credit Percentage. Divide lind If more than 1, enter 1.0000		0.5919] _	
	03	If the amount on line 13 is more than \$2		s	. • 39 _	73 .00
	40	CA Regular Tax Before Credits. Subtract	line 39 from line 37. If	less than zero, enter -0	. • 40 _	1166
	41	Tax. See instructions. Check the box if fr	om: • Schedule	• G-1 ● ☐ FTB 5870A	A ● 41 L	.00
	42	Add line 40 and line 41			. • 42	1166 .00
Special Credits	50 51	Nonrefundable Child and Dependent Car Attach form FTB 3506 Credit for joint custody head of househo See instructions	ld.		. • 50	.00
	52 53	Credit for dependent parent. See instruct Credit for senior head of household. See instructions			.00	
	54	Credit percentage. Enter the amount from If more than 1, enter 1.0000. See instruc		• 54]	
	55	Credit amount. See instructions			. • 55	00

Side 2 Form 540NR 2020

175

3132204

REV 02/01/21 PRO

You	r nar	me: BODDU Your SSN or ITIN: 065-47-9620		
	58	Enter credit name code ● and amount ●	58	.00
inued	59	Enter credit name code and amount	59	.00
s cont	60	To claim more than two credits. See instructions	60	.00
Credit	61	Nonrefundable Renter's Credit. See instructions	61	.00
Special Credits continued	62	Add line 50 and line 55 through 61. These are your total credits	62	.00
Sp	63	Subtract line 62 from line 42. If less than zero, enter -0-	63	1166 .00
	71	Alternative Minimum Tax. Attach Schedule P (540NR)	71	.00
xes	72	Mental Health Services Tax. See instructions	72	-00
Other Taxes	73	Other taxes and credit recapture. See instructions	73	.00
ŏ	74	Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions	74	.00
	75	Add line 63, line 71, line 72, line 73, and line 74. This is your total tax	75	1166 .00
	81	California income tax withheld. See instructions	81	718 .00
	82	2020 CA estimated tax and other payments. See instructions	82	
"	83	Withholding (Form 592-B and/or 593). See instructions	83	.00
Payments	84	Excess SDI (or VPDI) withheld. See instructions	84	.00
Pay	85	Earned Income Tax Credit (EITC)	85	.00
	86	Young Child Tax Credit (YCTC). See instructions	86	.00
	87	Net Premium Assistance Subsidy (PAS). See instructions	87	-00
	88	Add line 81 through line 87. These are your total payments. See instructions	88	718 .00
ISR Penalty	91	Individual Shared Responsibility (ISR) Penalty. See instructions		.00
Overpaid Tax/Tax Due	92 93	Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88,	92	.00
rpaid	101	Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92	101	00
Ove	102	Amount of line 101 you want applied to your 2021 estimated tax	102	

REV 02/01/21 PRO Form 540NR 2020 **Side 3**

Your name:	BODDU	Your SSN or ITIN:	065-47-9620		l	
103 Over	rpaid tax available this year. Subtract I	ne 102 from line 101 .		• 103		. 00
104 Tax (due. If line 92 is less than line 75, sub	tract line 92 from line 7	5	• 104	448	. 00

Code	Amount
California Seniors Special Fund. See instructions • 400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	•00
California Breast Cancer Research Voluntary Tax Contribution Fund	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	.00
Emergency Food for Families Voluntary Tax Contribution Fund	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund • 408	.00
California Sea Otter Voluntary Tax Contribution Fund	.00
California Cancer Research Voluntary Tax Contribution Fund	.00
School Supplies for Homeless Children Fund	.00
State Parks Protection Fund/Parks Pass Purchase	_00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	_00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund • 431	
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund • 439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	
Schools Not Prisons Voluntary Tax Contribution Fund	.00
Suicide Prevention Voluntary Tax Contribution Fund	.00
120 Add code 400 through code 444. This is your total contribution	.00

You	r nan	ne:	BODDU		Your SSN or ITIN:	065-47-96	520	l		
Amount You Owe	121	Mail		X BOARD, PO BO	and line 120. See instru X 942867, SACRAMEN re information.					448 .00
Interest and Penalties		Unde	est, late return pena erpayment of estima sk the box:		ment penalties	F attached	122 • 123			.00
	124	Total	amount due. See in	structions. Enclos	se, but do not staple, ar	ny payment	124			448 .00
	125	REF	UND OR NO AMOUN	IT DUE. Subtract	line 120 from line 103.	See instructions). -			
irect Deposit		Fill in See i All o	to: FRANCHISE TAX In the information to instructions. Have y In the following amou	nown bel	ow:	or a deposit slip.				
Refund and Direct Deposit			remaining amount o	Savings f my refund (line Type Checking Savings	125) is authorized for d Account number	irect deposit into	o the account shown		Direct de	posit amount
			Attach a copy of you							
Unde knov	a.gov er per	v/forn nalties e and	ns and search for 11	31. To request this that I have exam	your information, and the solution of the solu	0.852.5711. luding accompar		l stateme	ents, and to	the best of my
			Your email addre	oog Enter only one o	omail address				Preferre	ed phone number
e:	4114		Four email address	ess. Effet offly offe e	erriali address.				66920	•
He	gn ere	•			f preparer is based on all	l information of w	hich preparer has any	/ knowled		
	rge a		Firm's name (or you	rs, if self-employed)						● PTIN
RDP	's ature.		GLOBAL TAX	ES LLC						P02082703
Joint	tax		Firm's address							Firm's FEIN
retur (See			2530 PEBBL	E CREEK LN	CUMMING GA 30	041				301017196
instr	uctior	ns)	Do you want to all	low another perso	n to discuss this tax ret	urn with us? See	e instructions	•	Yes	× No
			Print Third Party Des	signee's Name					Telephone I	Number

REV 02/01/21 PRO Form 540NR 2020 **Side 5**

TAXABLE YEAR

SCHEDULE

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 SSN or ITIN 065479620 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: • X Nonresident • Part-Year Resident • Resident **b** Spouse: Nonresident Part-Year Resident Yourself 2 a I was domiciled in (enter two letter code, see instructions) 3 I became a CA resident (enter state of prior residence and date (mm/dd/yyyy) of move) ... \odot 4 I became a CA nonresident (enter new state of residence and date (mm/dd/yyyy) of move). I was a CA nonresident the entire year (enter state of residence)..... МО **Before 2020:** I was a CA resident for the period of Part II Income Adjustment Schedule C n Ε Section A - Income Federal Amounts Subtractions Additions **Total Amounts CA Amounts** (taxable amounts from See instructions See instructions Using CA Law (income earned or from federal Form 1040 or 1040-SR vour federal tax return) (difference between (difference between As If You Were a received as a CA CA & federal law) CA & federal law) **CA Resident** resident and income (subtract col. B from earned or received col. A; add col. C from CA sources to the result) as a nonresident) 1 Wages, salaries, tips, etc. See instructions (**•**) 61,194. 61,194 lacksquare33,776. before making an entry in col. B or C.... 1 2 Taxable interest. a lacksquare \odot \odot 3 Ordinary dividends. See instructions. a 🕑 4 IRA distributions. See instructions. a 💿 lacksquarelacksquare5 Pensions and annuities. See instructions. a (**•**) 5b (• 6 Social security benefits. a 🕑 _ lacksquare7 Capital gain or (loss). See instructions ... 7 lacktriangleSection B — Additional Income from federal Schedule 1 (Form 1040) 1 Taxable refunds, credits, or offsets of state and local income taxes..... \odot 2a Alimony received. See instructions...... \odot 3 Business income or (loss). See instructions. . 3 \odot 4 Other gains or (losses) \odot \odot \odot 5 Rental real estate, royalties, partnerships, (**•**) -4,130.-4,130.

	A	В	C	D	E
Section B — Additional Income Continued	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)
6 Farm income or (loss) 6	•	•	•	•	•
7 Unemployment compensation 7	•	•			
8 Other income.					
a California lottery winnings	(a <u>•</u>	a		
b Disaster loss deduction from FTB 3805V		b	b		
c Federal NOL (Schedule 1 (Form 1040), line 8)		C	c •		
d NOL deduction from FTB 3805V 8	.	d •	d	8 💿	8 💿
e NOL from FTB 3805Z, FTB 3807, or FTB 3809)	e •	e		
f Other (describe): •		f <u>•</u>	f		
g Student loan discharged due to closure of a for-profit school	(g 💿	g		
9 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C 9	57,064.	•	0	57,064.	33,776.

_					_	
_		A	В	C.	D	E
Se	ction C — Adjustments to Income from federal Schedule 1 (Form 1040)	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)
10	Educator expenses		•			
11	Certain business expenses of reservists, performing artists, and fee-basis government officials	•	•	•	•	•
12	Health savings account deduction 12		•			
13	morning emperioder militaeri realeria.	•		•	•	•
14	Deductible part of self-employment tax See instructions	•	•		•	•
15	Self-employed SEP, SIMPLE, and qualified plans				•	•
16	Self-employed health insurance deduction. See instructions		•		•	•
	Alimony paid. b Enter recipient's:				•	•
	SSN 💿	•		•	•	ledot
19		lacksquare			ledow	ledot
20	Student loan interest deduction 20	lacksquare		•	•	ledot
21 22	Tuition and fees	•	•			
	A through E	•	•	•	•	•
		57,064.		•	57,064.	33,776.

	rt III Adjustments to Federal Itemized Deductions	H (fro	deral Amounts om federal Schedule A orm 1040))	В	Subtractions See instructions	C	Additions See instructions
	ck the box if you did NOT itemize for federal but will itemize for California	(FC	1111 1040))				
	lical and Dental Expenses See instructions.						
1	Medical and dental expenses						
2	Enter amount from federal Form 1040 or 1040-SR, line 11						
3	Multiply line 2 by 7.5% (0.075)						
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	\odot				O	
	es You Paid						
	State and local income tax or general sales taxes		2,208.	O	2,208.		
5b	State and local real estate taxes	O					
5c	State and local personal property taxes	ledow					
5d	Add line 5a through line 5c	lacksquare	2,208.				
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		2,208.	O	2,208.	•	C
6	,, -	•		O /		O	
7	Add line 5e and line 6 7	0	2,208.	(O)	2,208.	lacksquare	C
nte	rest You Paid						
a	Home mortgage interest and points reported to you on federal Form 1098	0				•	
b	Home mortgage interest not reported to you on federal Form 1098					•	
C	Points not reported to you on federal Form 1098					•	
d	Mortgage insurance premiums	\odot		•			
е	Add line 8a through line 8d	_		•		•	
	, and the second	$\overline{\bullet}$		$\overline{\bullet}$		<u> </u>	
0	Add line 8e and line 9	_		\bigcirc		<u> </u>	
_	s to Charity						
1	Gifts by cash or check			•		•	
2	Other than by cash or check			\bigcirc		<u> </u>	
3	Carryover from prior year	\vdash		\odot		<u> </u>	
4	Add line 11 through line 13			<u> </u>		•	
_	ualty and Theft Losses						
5	Casualty or theft loss(es) (other than net qualified disaster losses).						
•	Attach federal Form 4684. See instructions			•		•	
+h-							
_	er Itemized Deductions						
6	Other—from list in federal instructions		0.000	<u> </u>	0.000	<u> </u>	
7	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	igotimes	2,208.	\odot	2,208.	lacksquare	C

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		
20	Tax preparation fees		
21	Other expenses- investment, safe deposit box, etc. List type O.		
22	Add line 19 through line 21		
23	Enter amount from federal Form 1040 or 1040-SR, line 11 57,064.		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0		
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.	25	0.
26	Total Itemized Deductions. Add line 18 and line 25.	26	0.
27	Other adjustments. See instructions. Specify.	27	
28		28	0.
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	0.
30	Enter the larger of the amount on line 29 or your standard deduction listed below Single or married/RDP filing separately. See instructions	30	4,601.
Pa	rt IV California Taxable Income		
1	California AGI. Enter your California AGI from Part II, line 23, column E		33,776.
	Enter your deductions from line 30	•	
4	to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0		2,723.
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	31,053.

£1040

Department of the Treasury—Internal Revenue Service (99)

U.S. Individual Income Tax Return

2020

OMB No. 1545-0074

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

Filing Status Check only one box.	If yo	Single Married filing jointly uchecked the MFS box, enter the son is a child but not your dependent	name of											
Your first name	and m	middle initial Last name						Your social security number						
NAGARJUI	ΝA		BODE	U					065	065-47-9620				
If joint return, s	pouse's	s first name and middle initial	Last na	me					Spou	se's s	social sec	urity number		
	•	er and street). If you have a P.O. box, se	e instruction	ons.				Apt. no.	1			n Campaign		
		E CLUB DR			Т.,		T				re if you, o	or your ly, want \$3		
	OST OTTI	ce. If you have a foreign address, also c	omplete s	paces below.	State ZIP code				to go to t			this fund. Checking a		
TAMPA					FI		+			box below will not change				
Foreign country	/ name			Foreign province/state	/coun	ту	For	eign postal cod				Spouse		
At any time du	ring 20	020, did you receive, sell, send, exc	change, c	or otherwise acquire	any	financial intere	est ir	any virtual	currency	/? [☐ Yes	⊠ No		
Standard Deduction		eone can claim:	•	•		•								
Age/Blindness	You:	Were born before January 2,	1956	Are blind Sp	ouse	: Was bo	rn be	efore January	, 2, 195	6	☐ Is bli	nd		
Dependents	s (see	instructions):		(2) Social securit	y	(3) Relations	hip	(4) ✓ if	qualifies	for (s	see instruc	ctions):		
If more		irst name Last name		number		to you		Child tax cred		- 1		er dependents		
than four														
dependents, see instruction														
and check														
here ▶ 🗌										\perp				
	1	Wages, salaries, tips, etc. Attach	Form(s)	W-2						1	6	1,194.		
Attach	2a	Tax-exempt interest	2a		b T	axable interes	st			2b				
Sch. B if required.	3a	Qualified dividends	3a		b C	ordinary divide	nds			3b				
	4a	IRA distributions	4a		b T	axable amour	nt.			4b				
	5a	Pensions and annuities	5a		b T	axable amour	nt .			5b	<u> </u>			
Standard	6a	Social security benefits	6a		b T	axable amour	nt .			6b	<u> </u>			
Deduction for— Single or	7	Capital gain or (loss). Attach Scho	edule D if	required. If not rec	uired	, check here		•	\sqcup \vdash	7				
Married filing	8	Other income from Schedule 1, li	ne 9 .							8		4,130.		
separately, \$12,400	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7	, and 8. T	his is your total inc	ome					9	5	7,064.		
Married filing jointly or	10	Adjustments to income:				1								
Qualifying	а	From Schedule 1, line 22				10	а							
widow(er), \$24,800	b	Charitable contributions if you take	e the star	ndard deduction. Se	e instı	ructions 10	b							
Head of	С	Add lines 10a and 10b. These are	your tot	tal adjustments to	incor	me			▶ 1	10c				
household, \$18,650	11	Subtract line 10c from line 9. This	s is your a	adjusted gross inc	ome				•	11		7,064.		
If you checked any box under	12	Standard deduction or itemized	deduct	ions (from Schedul	e A)					12	1	2,400.		
Standard	13	Qualified business income deduc	tion. Atta	ach Form 8995 or F	orm 8	995-A				13	<u> </u>			
Deduction, see instructions.	14	Add lines 12 and 13								14		2,400.		
	15	Taxable income. Subtract line 14	4 from lin	e 11. If zero or less	, ente	r-0			.	15	4	4,664.		

Form 1040 (2020	0)									Page 2	
	16	Tax (see instructions). Check	if any from Form	ı(s): 1 881	4 2 4972	3 🗌	.		16	5,619.	
	17	Amount from Schedule 2, lin	ne 3						17		
	18	Add lines 16 and 17							18	5,619.	
	19	Child tax credit or credit for	other dependen	ts					19		
	20	Amount from Schedule 3, lin	ne 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	3,619.	
	23	Other taxes, including self-e	mployment tax,	from Schedule	2, line 10 .				23	0.	
	24	Add lines 22 and 23. This is						. •	24	3,619.	
	25	Federal income tax withheld	from:							-,,,,	
	а	Form(s) W-2				25a	6	,021			
	b	Form(s) 1099				25b					
	С	Other forms (see instructions				25c					
	d	Add lines 25a through 25c	,						25d	6,021.	
	26	2020 estimated tax payment							26	0,021.	
 If you have a L qualifying child, 	27	Earned income credit (EIC)				27			20		
attach Sch. EIC.	28	Additional child tax credit. A				28					
If you have nontaxable	29	American opportunity credit				29					
combat pay, see instructions.	30	Recovery rebate credit. See		-		30			-		
see instructions.		Amount from Schedule 3. lin							-		
	31					31	dito		32		
	32	Add lines 27 through 31. These are your total other payments and refundable credits								6 001	
	33									6,021.	
Refund	34					-	-		34	2,402.	
D: 1.1 '10	35a									2,402.	
Direct deposit? See instructions.	▶b								8		
	►d					1 1	_				
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax ►	36					
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. ▶	37		
You Owe		Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for									
For details on how to pay, see		2020. See Schedule 3, line 12e, and its instructions for details.									
instructions.	38	Estimated tax penalty (see in	nstructions) .		<u> ▶</u>	38					
Third Party		you want to allow another	•				٦			<u> </u>	
Designee		structions					_ Yes. Co	•		× No	
		signee's me ▶		Phone no. ▶				onal ider ber (PIN)	ntification		
C:			hat I have examine		l accompanying sol	hodulos a				et of my knowledge and	
Sign		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which									
Here	Yo	ur signature		Date Your occupation					he IRS se	nt you an Identity	
		g		- 3.1.2	, is an escapation					IN, enter it here	
Joint return?					SOFTWARE ENGINEER				(see inst.) ▶		
See instructions. Keep a copy for	Sp	ouse's signature. If a joint return, I	ooth must sign.	Date	Spouse's occupat	tion				nt your spouse an	
your records.	,							entity Prot ee inst.) ►	ection PIN, enter it here		
				For all and done				(00	70 II 10t.) F		
		one no. eparer's name	Proparor's signat	Email address		Date	T	PTIN		Check if:	
Paid		·	Preparer's signat		OHDER ERTER		0 / 20 21		00702	l	
Preparer		M PRIYA RAM SAGAR GUPTA TALLAM		KAM SAGAR	GUPTA TALLAM	1 02/0	8/2021		82703	Self-employed	
Use Only									(678)965-9522		
				n Cummin	g GA 30041			Fir	m's EIN I		
Go to www.irs.go	ov/Forr	m1040 for instructions and the late	st information.		BAA	REV (02/01/21 PRO			Form 1040 (2020)	

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

► Attach to Form 1040, 1040-SR, or 1040-NR. ▶ Go to www.irs.gov/Form1040 for instructions and the latest information. Sequence No. 01

Your social security number

NAGARJUNA BODDU 065-47-9620 **Additional Income** Part I 1 Taxable refunds, credits, or offsets of state and local income taxes 1 2a **b** Date of original divorce or separation agreement (see instructions) 3 3 4 4 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 5 5 -4,130.6 6 7 7 8 Other income. List type and amount 8 Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR. 9 9 -4,130.Adjustments to Income Part II 10 Educator expenses 10 Certain business expenses of reservists, performing artists, and fee-basis government 11 11 12 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 16 17 17 18a c Date of original divorce or separation agreement (see instructions) 19 19 IRA deduction 20 20 21 21 22 Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a 22

SCHEDULE 3 (Form 1040)

Internal Revenue Service

Additional Credits and Payments Department of the Treasury

► 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 Attachment Sequence No. **03**

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

Your social security number 065-47-9620

		0 = 0					
Par	t 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	3 Education credits from Form 8863, line 19						
4	4						
5	5						
6	6 Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐						
7	Add lines 1 through 6. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		2,000.				
Par	t II Other Payments and Refundable Credits						
8	Net premium tax credit. Attach Form 8962	8					
9	Amount paid with request for extension to file (see instructions)	9					
10	10 Excess social security and tier 1 RRTA tax withheld						
11	Credit for federal tax on fuels. Attach Form 4136	11					
12	Other payments or refundable credits:						
а	Form 2439						
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202						
С	Health coverage tax credit from Form 8885						
d	Other: 12d						
е							
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						

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

Attachment Sequence No. **13**

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

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

Your social security number 065 47 0620

	RJUNA BUDDU	Form Boutal David Co. 12	111		16				05-4/-		
Part		s From Rental Real Estate and Roy instructions. If you are an individual, repo	-		-				• .		
A Dic		nts in 2020 that would require you to									
		ou file required Form(s) 1099?									es 🖂 No
1a	Physical address of	each property (street, city, state, ZIP	code	<u> </u>	<u> </u>			•		<u> </u>	00 🗀 110
A	-	YDERABAD IN 500072	COGG	<i>-</i>)							
В	GANDIII NAGAR I	TIDEICADAD IN 300072									
	Type of Property	2 For each rental real estate prop	nerty I	isted		Fair	Rental	Pei	rsonal L	Ise	0.07
	(from list below)	above, report the number of fai	ir rent	al and		_	Days		Days		QJV
Α	3	personal use days. Check the of if you meet the requirements to	QJV b	ox only	Α		365				
В		qualified joint venture. See inst	ructio	ns.	В						
С					С						
Type o	of Property:										_
	gle Family Residence	3 Vacation/Short-Term Rental	5 La	nd		7 Self-	Rental				
2 Mul	ti-Family Residence	4 Commercial	6 Ro	yalties		8 Othe	r (describe)			
Incom	ie:	Properties:			Α		E	•			С
3	Rents received		3			450.					
4			4								
Expen											
5	Advertising		5								
6	Auto and travel (see i	nstructions)	6			380.					
7		nance	7			100.					
8	Commissions		8								
9	Insurance		9								
10		essional fees	10								
11	Management fees .		11								
12		d to banks, etc. (see instructions)	12								
13			13		3	,000.					
14			14			600.					
15			15			200.					
16			16								
17			17			300.					
18		e or depletion	18								
19	Other (list)		19								
20	•	lines 5 through 19	20		4	,580.					
21		line 3 (rents) and/or 4 (royalties). If									
		instructions to find out if you must			1	120					
	file Form 6198		21		-4	,130.					
22		l estate loss after limitation, if any,	00	,	4	120 \	/				
025	•	structions)	22 rtion	I	-4,	130.)	l		50.		
23a		eported on line 3 for all rental proper				23a		4	50.		
b		eported on line 4 for all royalty properties				23b					
G C		eported on line 12 for all properties				23c 23d					
d		eported on line 18 for all properties eported on line 20 for all properties				23a		4,5	80		
e 24		eported on line 20 for all properties e amounts shown on line 21. Do no t		 Ide anv				т, Э	24		
24 25	•	e amounts shown on line 21. Do no t sses from line 21 and rental real estate		-				~	25 (4,130.
									20 (±,13U.
26		ate and royalty income or (loss). (V, and line 40 on page 2 do not a									
		v, and line 40 on page 2 do not a		-					26		-4.130.

Form **8863**

Education Credits (American Opportunity and Lifetime Learning Credits)

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2020

Attachment Sequence No. 50

Name(s) shown on return

NAGARJUNA BODDU

Your social security number 065-47-9620



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.

Par	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)		
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		
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit		
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)		
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	6	<u> </u>
-	at least three places)		
7	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	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			
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		11 250
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	10	11,350.
11 12	Enter the smaller of line 10 or \$10,000	11	10,000.
13	Enter: \$138,000 if married filing jointly; \$69,000 if single, head of household, or	12	2,000.
	qualifying widow(er)	-	
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		
45	the amount to enter		
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		
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	_	
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

NAGARJUNA BODDU

Your social security number

065-47-9620



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.

Par	III Student and Educational Institution Information	n. See instructions.
20	Student name (as shown on page 1 of your tax return) NAGARJUNA	21 Student social security number (as shown on page 1 of your tax return)
	BODDU	065-47-9620
22	Educational institution information (see instructions)	
а	Name of first educational institution	b. Name of second educational institution (if any)
	CAMPBELLSVILLE UNIVERSITY INC	
(Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions. UNIVERSITY DRIVE 	(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.
	CAMPBELLSVILLE KY 42718	
(2	P) Did the student receive Form 1098-T ▼ Yes No from this institution for 2020?	(2) Did the student receive Form 1098-T ☐ Yes ☐ No from this institution for 2020?
(;	B) Did the student receive Form 1098-T from this institution for 2019 with box ☐ Yes ☒ No 7 checked?	(3) Did the student receive Form 1098-T from this institution for 2019 with box Yes No 7 checked?
(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.	(EIN) if you're claiming the American opportunity credit or
	61-0469267	
23	Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2020?	— 14S — 3100° —
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, o other recognized postsecondary educational credential See instructions.	No - Stop! Go to line 31
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?	\square NO \square Lomblete lines 2/
CAUT	you complete lines 27 through 30 for this student, don't	ifetime learning credit for the same student in the same year. If complete line 31.
	American Opportunity Credit	
27	Adjusted qualified education expenses (see instructions). Do	
28	Subtract \$2,000 from line 27. If zero or less, enter -0	
29	. ,	
30	If line 28 is zero, enter the amount from line 27. Otherwise, enter the result. Skip line 31. Include the total of all amounts	
	Lifetime Learning Credit	from all Parts III, line 30, on Part I, line 1 . 30
	Adjusted qualified education expenses (see instructions). Inc	lude the total of all amounts from all Ports
31	III. line 31, on Part II. line 10	