

# IRS e-file Signature Authorization

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

Submission Identification Number (SID) ▶

Taxpayer's name RAVI KISHORE DEVALLA	Social security number 855-69-7161
Spouse's name	Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	80,078.
2	Total tax	2	10,679.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	13,670.
4	Amount you want refunded to you	4	2,991.
5	Amount you owe	5	

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

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

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

- I authorize GLOBAL TAXES LLC to enter or generate my PIN 

9	7	1	6	1
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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

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

- I authorize \_\_\_\_\_ to enter or generate my PIN 

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 as my signature on the income tax return (original or amended) I am now authorizing.   
ERO firm name   
Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

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

## Practitioner PIN Method Returns Only—continue below

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

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

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

  
Don't enter all zeros

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

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

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

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

Your first name and middle initial <b>RAVI KISHORE</b>	Last name <b>DEVALLA</b>	Your social security number <b>855-69-7161</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>4155 ESSEN LN</b>		Apt. no. <b>159</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>BATON ROUGE</b>	State <b>LA</b>	ZIP code <b>70809</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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

	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	85,568.
Attach Sch. B if required.	<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4a</b>	
	<b>5a</b>	Pensions and annuities . . . . .	<b>5a</b>	
	<b>6a</b>	Social security benefits . . . . .	<b>6a</b>	
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	-5,490.
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	80,078.
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>10</b> Adjustments to income:			
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	80,078.
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	12,400.
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	12,400.
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	67,678.

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>	10,679.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	10,679.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	10,679.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	10,679.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	13,670.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	13,670.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC) <b>NO</b>	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	13,670.

**Refund**

<b>34</b>	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	2,991.
<b>35a</b>	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	2,991.
<b>b</b>	Routing number 044000037	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number 793600698		
<b>36</b>	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	

**Amount You Owe**

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

**Third Party Designee**

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

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

**Sign Here**

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

**Paid Preparer Use Only**

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/05/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522 Firm's EIN 30-1017196

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
855-69-7161

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,490.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,490.

**Part II Adjustments to Income**

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

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2020**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **13**

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

Name(s) shown on return

Your social security number

RAVI KISHORE DEVALLA

855-69-7161

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

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

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

<b>1a</b>	Physical address of each property (street, city, state, ZIP code)				
<b>A</b>	GANDHI NAGAR HYDERABAD TELANGANA IN 500046				
<b>B</b>					
<b>C</b>					
<b>1b</b>	Type of Property (from list below)	<b>2</b> For each rental real estate property listed above, report the number of fair rental and personal use days. Check the <b>QJV</b> box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
<b>A</b>	3		<b>A</b> 365	0	<input type="checkbox"/>
<b>B</b>			<b>B</b>		<input type="checkbox"/>
<b>C</b>			<b>C</b>		<input type="checkbox"/>

**Type of Property:**

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

Income:		Properties:		A	B	C
<b>3</b>	Rents received . . . . .	<b>3</b>		550 .		
<b>4</b>	Royalties received . . . . .	<b>4</b>				
<b>Expenses:</b>						
<b>5</b>	Advertising . . . . .	<b>5</b>		100 .		
<b>6</b>	Auto and travel (see instructions) . . . . .	<b>6</b>		320 .		
<b>7</b>	Cleaning and maintenance . . . . .	<b>7</b>		120 .		
<b>8</b>	Commissions. . . . .	<b>8</b>				
<b>9</b>	Insurance . . . . .	<b>9</b>				
<b>10</b>	Legal and other professional fees . . . . .	<b>10</b>				
<b>11</b>	Management fees . . . . .	<b>11</b>				
<b>12</b>	Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>				
<b>13</b>	Other interest. . . . .	<b>13</b>		5,500 .		
<b>14</b>	Repairs. . . . .	<b>14</b>				
<b>15</b>	Supplies . . . . .	<b>15</b>				
<b>16</b>	Taxes . . . . .	<b>16</b>				
<b>17</b>	Utilities. . . . .	<b>17</b>				
<b>18</b>	Depreciation expense or depletion . . . . .	<b>18</b>				
<b>19</b>	Other (list) ▶ . . . . .	<b>19</b>				
<b>20</b>	Total expenses. Add lines 5 through 19 . . . . .	<b>20</b>		6,040 .		
<b>21</b>	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file <b>Form 6198</b> . . . . .	<b>21</b>		-5,490 .		
<b>22</b>	Deductible rental real estate loss after limitation, if any, on <b>Form 8582</b> (see instructions) . . . . .	<b>22</b>		( -5,490 . )	( )	( )
<b>23a</b>	Total of all amounts reported on line 3 for all rental properties . . . . .	<b>23a</b>			550 .	
<b>b</b>	Total of all amounts reported on line 4 for all royalty properties . . . . .	<b>23b</b>				
<b>c</b>	Total of all amounts reported on line 12 for all properties . . . . .	<b>23c</b>				
<b>d</b>	Total of all amounts reported on line 18 for all properties . . . . .	<b>23d</b>				
<b>e</b>	Total of all amounts reported on line 20 for all properties . . . . .	<b>23e</b>			6,040 .	
<b>24</b>	<b>Income.</b> Add positive amounts shown on line 21. <b>Do not</b> include any losses . . . . .	<b>24</b>				
<b>25</b>	<b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . . . .	<b>25</b>		( 5,490 . )		
<b>26</b>	<b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 . . . . .	<b>26</b>				-5,490 .

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020



Name Change

# 2020 LOUISIANA RESIDENT - 2D

Decedent Filing

RAVI KISHORE DEVALLA

Your SSN

855697161

Spouse Decedent

Spouse's SSN

Address Change

4155 ESSEN LN

159

Amended Return

BATON ROUGE

LA 70809

Telephone

6088863451

NOL Carryback

07291992

Your Date of Birth

Spouse's Date of Birth

**FILING STATUS:** Enter the appropriate number in the filing status box. It must agree with your federal return.

Enter a "1" in box if **single**.

Enter a "2" in box if **married filing jointly**.

Enter a "3" in box if **married filing separately**.

Enter a "4" in box if **head of household**.

If the qualifying person is not your dependent, enter name here. \_\_\_\_\_

Enter a "5" in box if **qualifying widow(er)**.

If the qualifying person is not your dependent, enter name here. \_\_\_\_\_

### 6 EXEMPTIONS:

6A  Yourself

65 or older

Blind

Qualifying Widow(er)

Total of 6A & 6B

1

6B  Spouse

65 or older

Blind

1

**6C DEPENDENTS** – Enter dependent information below. If you have more than 6 dependents, attach a statement to your return with the required information. Enter the number of dependents claimed on your Federal Form 1040 or 1040-SR here.

6C

0

First Name

Last Name

Social Security Number

Relationship to you

Birth Date (mm/dd/yyyy)

First Name	Last Name	Social Security Number	Relationship to you	Birth Date (mm/dd/yyyy)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### IMPORTANT!

All four (4) pages of this return **MUST** be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

**6D TOTAL EXEMPTIONS** – Total of 6A, 6B, and 6C

6D

1

### FOR OFFICE USE ONLY

Field Flag

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If you are not required to file a federal return, indicate wages here.

Mark this box and enter zero "0" on Lines 2.

7	FEDERAL ADJUSTED GROSS INCOME – If your Federal Adjusted Gross Income is less than zero, enter "0".	X	From Louisiana Schedule E, attached	7	80078
8A	FEDERAL ITEMIZED DEDUCTIONS			8A	0
8B	FEDERAL STANDARD DEDUCTION			8B	0
8C	EXCESS FEDERAL ITEMIZED DEDUCTIONS – Subtract Line 8B from Line 8A.			8C	0
9	FEDERAL INCOME TAX – If your federal income tax has been decreased by a federal disaster credit allowed by the IRS, see Schedule H.			9	10679
10	YOUR LOUISIANA TAX TABLE INCOME – Subtract Lines 8C and 9 from Line 7. If less than zero, enter "0". Use this figure to find your tax in the tax tables.			10	69399
11	YOUR LOUISIANA INCOME TAX—Enter the amount from the tax table that corresponds with your filing status.			11	2817
12	NONREFUNDABLE PRIORITY 1 CREDITS – From Schedule C, Line 6			12	318
13	TAX LIABILITY AFTER NONREFUNDABLE PRIORITY 1 CREDITS – Subtract Line 12 from Line 11. If the result is less than zero, or you are not required to file a federal return, enter zero "0".			13	2499
14	2020 LOUISIANA REFUNDABLE CHILD CARE CREDIT – <b>Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line.</b> See the instructions and the Refundable Child Care Credit Worksheet.			14	0
14A	Enter the qualified expense amount from the Refundable Child Care Credit Worksheet, Line 3.			14A	0
14B	Enter the amount from the Refundable Child Care Credit Worksheet, Line 6.			14B	0
15	2020 LOUISIANA REFUNDABLE SCHOOL READINESS CREDIT – <b>Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line.</b> See the instructions the Refundable School Readiness Credit Worksheet.			15	0
	5 0 4 0 3 0 2 0				
16	EARNED INCOME CREDIT – See Louisiana Earned Income Credit (LA EIC) worksheet, Line 3.			16	0
17	OTHER REFUNDABLE PRIORITY 2 CREDITS – From Schedule F, Line 9			17	0
18	TOTAL REFUNDABLE PRIORITY 2 CREDITS – Add lines 14, and 15 through 17. Do not include amounts on Lines 14A and 14B.			18	0
19	TAX LIABILITY AFTER REFUNDABLE PRIORITY 2 CREDITS			19	2499
20	OVERPAYMENT AFTER REFUNDABLE PRIORITY 2 CREDITS			20	0
21	NONREFUNDABLE PRIORITY 3 CREDITS – From Schedule J, Line 16			21	0





22	ADJUSTED LOUISIANA INCOME TAX- Subtract Line 21 from Line 19.	22	2499
23	CONSUMER USE TAX – You must mark one of these boxes. <input checked="" type="checkbox"/> No use tax due.	23	0
	Amount from the Consumer Use Tax Worksheet.		
24	TOTAL INCOME TAX AND CONSUMER USE TAX – Add Lines 22 and 23.	24	2499
25	OVERPAYMENT OF REFUNDABLE PRIORITY 2 CREDITS – Enter the amount from Line 20.	25	0
26	REFUNDABLE PRIORITY 4 CREDITS – From Schedule I, Line 6	26	0

**PAYMENTS**

27	AMOUNT OF LOUISIANA TAX WITHHELD FOR 2020 – Attach Forms W-2 and 1099.	27	3398
28	AMOUNT OF CREDIT CARRIED FORWARD FROM 2019	28	0
29	AMOUNT OF ESTIMATED PAYMENTS MADE FOR 2020	29	0
30	AMOUNT PAID WITH EXTENSION REQUEST	30	0
31	TOTAL REFUNDABLE TAX CREDITS AND PAYMENTS – Add Lines 25 through 30	31	3398
32	OVERPAYMENT – If Line 31 is greater than Line 24, subtract Line 24 from Line 31. <b>Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty.</b> Otherwise, go to Line 39.	32	899
33	UNDERPAYMENT PENALTY – See the instructions for Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	33	0
34	<b>ADJUSTED OVERPAYMENT</b> – If Line 32 is greater than Line 33, subtract Line 33 from Line 32, and enter on Line 34. If Line 33 is greater than Line 32, subtract Line 32 from Line 33, and enter the balance on Line 39.	34	899
35	TOTAL DONATIONS – From Schedule D, Line 19	35	0

**REFUND DUE**

36	SUBTOTAL – Subtract Line 35 from Line 34. This amount of overpayment is available for credit or refund.	36	899
37	AMOUNT OF LINE 36 TO BE CREDITED TO 2021 INCOME TAX <b>CREDIT</b>	37	0
38	AMOUNT TO BE REFUNDED – Subtract Line 37 from Line 36. If mailing to LDR, use Address 2 on the next page. Enter a "2" in box if you want to receive your refund by paper check. Enter a "3" in box if you want to receive your refund by direct deposit. Complete information below. If information is unreadable, you are filing for the first time, or if you do not make a refund selection, you will receive your refund by paper check.	38	899
	<b>REFUND</b> 3		

**DIRECT DEPOSIT INFORMATION**

Type: Checking  Savings  Will this refund be forwarded to a financial institution located outside the United States? Yes  No

Routing Number 044000037 Account Number 793600698



**AMOUNTS DUE LOUISIANA**

39	AMOUNT YOU OWE – If Line 24 is greater than Line 31, subtract Line 31 from Line 24.	39	0	
40	ADDITIONAL DONATION TO THE MILITARY FAMILY ASSISTANCE FUND	40	0	
41	ADDITIONAL DONATION TO THE COASTAL PROTECTION AND RESTORATION FUND	41	0	
42	ADDITIONAL DONATION TO LOUISIANA FOOD BANK ASSOCIATION	42	0	
43	INTEREST – From the Interest Calculation Worksheet, Line 5.	43	0	
44	DELINQUENT FILING PENALTY – From the Delinquent Filing Penalty Calculation Worksheet, Line 7.	44	0	
45	DELINQUENT PAYMENT PENALTY – From Delinquent Payment Penalty Calculation Worksheet, Line 7.	45	0	
46	UNDERPAYMENT PENALTY – See the instructions from Underpayment Penalty and Form R-210R. If you are a farmer, check the box.	46	0	
47	BALANCE DUE LOUISIANA – Add Lines 39 through 46. If mailing to LDR, use address 1 below. For electronic payment options, see instructions.	<b>PAY THIS AMOUNT.</b>	47	0

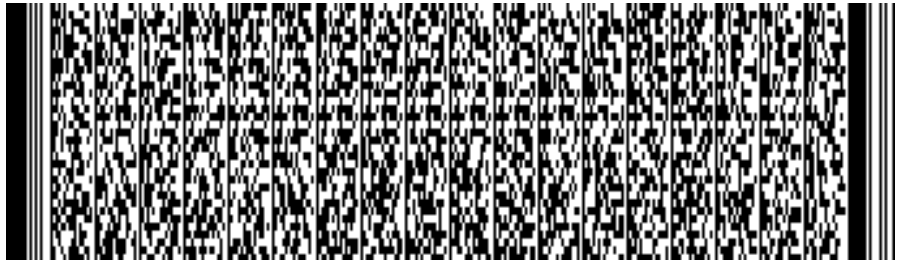
**DO NOT SEND CASH.**

**IMPORTANT!**

All four (4) pages of this return MUST be mailed in together along with your W-2s and completed schedules. Please paperclip. **Do not staple.**

Status 010

Contribution and Donation 0000



Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. If I made a contribution to the START Savings Program, I consent that my Social Security Number may be given to the Louisiana Office of Student Financial Assistance to properly identify the START Savings Program account holder. If married filing jointly, both Social Security Numbers may be submitted. I understand that by submitting this form I authorize the disbursement of individual income tax refunds through the method as described on Line 38.

Your Signature	Date (mm/dd/yyyy)	Spouse's Signature (If filing jointly, both must sign.)	Date (mm/dd/yyyy)
----------------	-------------------	---	-------------------

<b>PAID PREPARER USE ONLY</b>	Print/Type Preparer's Name SYAM PRIYA RAM SAGAR GUP	Preparer's Signature SYAM PRIYA RAM SAGAR GUP	Date (mm/dd/yyyy) 02/05/2021	Check <input type="checkbox"/> if Self-employed
	Firm's Name ▶ GLOBAL TAXES LLC	Firm's FEIN ▶ 30-1017196		
	Firm's Address ▶ 2530 PEBBLE CR CUMMING GA 30041	Telephone ▶ 678-965-9522		

Name  
DEVA

**Individual Income Tax Return**  
Calendar year return due 5/15/2021

P02082703

Mail to: Department of Revenue  
PO BOX 3440  
BATON ROUGE, LA 70821-344

PTIN, FEIN, or LDR  
Account Number  
of Paid Preparer

For Office  
Use Only.



**SCHEDULE C – 2020 NONREFUNDABLE PRIORITY 1 CREDITS**

**1** CREDIT FOR TAX LIABILITIES PAID TO OTHER STATES – A copy of the return filed with the other states return and Form R-10606 must be submitted with this schedule.

1A	Enter the total of Net Tax Liability Paid to Other States from Form R-10606.	<b>1A</b>	511
1B	Enter the Credit for Taxes Paid to Other States from Form R-10606.	<b>1B</b>	318

**Additional Nonrefundable Priority 1 Credits**

Enter credit description and associated code, along with the dollar amount of credit claimed. *See the instructions.*

	<b>Credit Description</b>	<b>Credit Code</b>	<b>Amount of Credit Claimed</b>
2	_____	2	0
3	_____	3	0
4	_____	4	0
5	_____	5	0
6	Add Lines 1B, and 2 through 5. Also, enter this amount on Form IT-540, Line 12.	6	318



**SCHEDULE E – 2020 ADJUSTMENTS TO INCOME**

Social Security Number **855697161**

1	FEDERAL ADJUSTED GROSS INCOME – Enter the amount from your Federal Form 1040 or 1040-SR, Line 11. Check box if amount is less than zero.	1	80078
2A	INTEREST AND DIVIDEND INCOME FROM OTHER STATES AND THEIR POLITICAL SUBDIVISIONS	2A	0
2B	RECAPTURE OF START CONTRIBUTIONS	2B	0
2C	ADD BACK OF DONATION TO SCHOOL TUITION ORGANIZATION CREDIT	2C	0
2D	ADD BACK OF PASS-THROUGH ENTITY LOSS	2D	0
3	TOTAL – Add Lines 1, 2A, 2B, 2C, and 2D.	3	80078

**EXEMPT INCOME** – Enter on Lines 4A through 4G the amount of exempt income included in Line 1 above. Enter description and associated code, along with the dollar amount. See the instructions.

	Exempt Income Description	Code	Amount
4A	_____	4A	0
4B	_____	4B	0
4C	_____	4C	0
4D	_____	4D	0
4E	_____	4E	0
4F	_____	4F	0
4G	_____	4G	0
4H	<b>EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX</b> – Add Lines 4A through 4G.	4H	0
4I	FEDERAL TAX APPLICABLE TO EXEMPT INCOME – Use Option 1 or Option 2, see instructions.	4I	0
4J	EXEMPT INCOME – Subtract Line 4I from Line 4H.	4J	0
5A	LOUISIANA ADJUSTED GROSS INCOME BEFORE IRC 280C EXPENSE ADJUSTMENT – Subtract Line 4J from Line 3.	5A	80078
5B	IRC 280C EXPENSE ADJUSTMENT	5B	0
5C	LOUISIANA ADJUSTED GROSS INCOME – Subtract Line 5b from Line 5A. Also, enter this amount on Form IT-540, Line 7. Mark the box on Form IT-540, Line 7, indicating that Schedule E was used.	5C	80078

Description	Code	Description	Code
Interest and Dividends on US Government Obligations.....	01E	Taxable Amount of Social Security .....	07E
Louisiana State Employees' Retirement Benefits (Date Retired).....	02E	Native American Income .....	08E
Taxpayer _____ Spouse _____		START Savings Program Contribution .....	09E
Louisiana State Teachers' Retirement Benefits (Date Retired).....	03E	Military Pay Exclusion .....	10E
Taxpayer _____ Spouse _____		Road Home .....	11E
Federal Retirement Benefits (Date Retired).....	04E	Recreation Volunteer .....	13E
Taxpayer _____ Spouse _____		Volunteer Firefighter .....	14E
Other Retirement Benefits (Date Retired).....	05E	Voluntary Retrofit Residential Structure .....	16E
Provide name or statute: _____		Elementary and Secondary School Tuition .....	17E
Taxpayer _____ Spouse _____		Educational Expenses for Home-Schooled Children .....	18E
Annual Retirement Income Exemption for Taxpayers 65 or over .....	06E	Educational Expenses for Quality Public Education .....	19E
Provide name of pension or annuity: _____		Capital Gain from Sale of Louisiana Business .....	20E
		Employment of Certain Qualified Disabled Individuals .....	21E
		S Bank Shareholder Income Exclusion .....	22E
		Entity Level Taxes Paid to Other States .....	23E
		Pass-Through Entity Exclusion .....	24E
		COVID-19 Educational Expenses .....	26E
		Other (Identify: _____)	49E



 ATTACH THIS WORKSHEET TO YOUR RETURN IF COMPLETED.

Your Name RAVI KISHORE DEVALLA	Social Security Number 855-69-7161
-----------------------------------	---------------------------------------

2020 Louisiana Nonrefundable Child Care Credit Worksheet (For use with Form IT-540)											
1	Enter Federal Child Care Credit from Federal Form 1040 or 1040-SR, Schedule 3, Line 2. <b>NOTE:</b> Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.	1	.00								
1A	Enter the applicable percentage from the chart shown below. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>Federal Adjusted Gross Income</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>\$25,001 – \$35,000</td> <td>30% (.30)</td> </tr> <tr> <td>\$35,001 – \$60,000</td> <td>10% (.10)</td> </tr> <tr> <td>over \$60,000</td> <td>10% (.10)</td> </tr> </tbody> </table>	Federal Adjusted Gross Income	Percentage	\$25,001 – \$35,000	30% (.30)	\$35,001 – \$60,000	10% (.10)	over \$60,000	10% (.10)	1A	X .10
Federal Adjusted Gross Income	Percentage										
\$25,001 – \$35,000	30% (.30)										
\$35,001 – \$60,000	10% (.10)										
over \$60,000	10% (.10)										
2	Multiply your Federal Child Care Credit shown on Line 1 by the percentage shown on Line 1A. <b>If your Federal Adjusted Gross Income is less than or equal to \$60,000</b> , this is your available Nonrefundable Child Care Credit for 2020. Proceed to Line 3.	2	.00								
2A	<b>Important! If your Federal Adjusted Gross Income is greater than \$60,000</b> , the amount on Line 2 is limited to the LESSER of \$25.00, or 10 percent of the federal credit. If Line 2 is greater than \$25.00, enter \$25 here. This is your available Nonrefundable Child Care Credit for 2020.	2A	.00								
3	Enter the amount of Louisiana income tax from Form IT-540, Line 19.	3	2,499 .00								
4	If Line 3 is equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Also, any available carryforward from 2015 through 2019 will be carried forward to 2021. If Line 3 is equal to zero, enter zero "0" on Form IT-540, Schedule J, Lines 2 and 3. Stop here; you are finished with the worksheet.	4									
<b>Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2015 through 2019 utilized for 2020.</b>											
5	If Line 3 above is greater than zero, enter the amount from Line 3.	5	2,499 .00								
6	Enter the amount of any Child Care Credit Carryforward from 2015 through 2019.	6	.00								
7	Subtract Line 6 from Line 5.	7	2,499 .00								
8	If Line 7 is less than or equal to zero, the amount of Child Care Credit Carryforward used for 2020 is equal to Line 5 above. Enter the amount from Line 5 above on Form IT-540, Schedule J, Line 3. If Line 7 is less than zero, subtract Line 5 from Line 6 and enter the result here. This amount is your unused Child Care Credit Carryforward from 2015 through 2019 that can be carried forward to 2021. Also, your entire Child Care Credit for 2020 (Line 2 or 2A above) will be carried forward to 2021. Stop here; you are finished with the worksheet.	8	.00								
<b>Use Lines 9 through 13 to determine the amount of Child Care Credit Carryforward utilized from 2015 through 2019 plus any amount of your 2020 Child Care Credit.</b>											
9	If Line 7 above is greater than zero, enter the amount of carryforward shown on Line 6 above on Form IT-540, Schedule J, Line 3.	9									
10	If Line 7 above is greater than zero, enter the amount from Line 7.	10	2,499 .00								
11	Enter the amount of your 2020 Child Care Credit (Line 2 or Line 2A above).	11	.00								
12	Subtract Line 11 from Line 10.	12	2,499 .00								
13	If Line 12 is greater than or equal to zero, your entire Child Care Credit for 2020 (Line 2 or 2A above) has been utilized. Enter the amount from Line 11 above on Form IT-540, Schedule J, Line 2. Stop here; you are finished with the worksheet.	13									
<b>Use Line 14 to determine what amount of your 2020 Child Care Credit you can claim.</b>											
14	If Line 12 above is less than zero, the amount on Line 10 above is the amount of your 2020 Child Care Credit. Enter the amount from Line 10 above on Form IT-540, Schedule J, Line 2.	14									
<b>Use Line 15 to determine the amount of your 2020 Child Care Credit to be carried forward to 2021.</b>											
15	If Line 12 above is less than zero, subtract Line 10 from Line 11 to compute your Child Care Carryforward to 2021. Enter the result here and keep this amount for your records.	15	.00								



**2020 Form OR-40-N**

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001011555

Office use only	

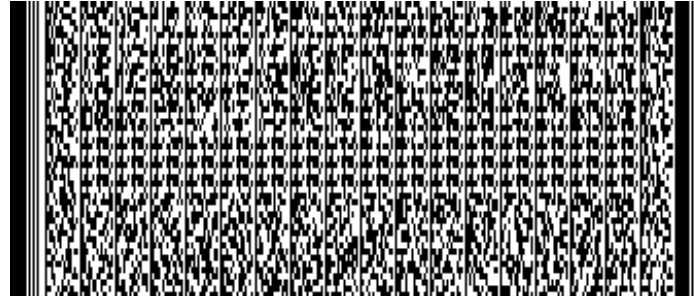
**Oregon Individual Income Tax Return for Nonresidents**

Submit original form—do not submit photocopy

Fiscal year ending:

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

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



First name <b>RAVI KISHORE</b>	Initial	Last name <b>DEVALLA</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>855-69-7161</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
-----------------------------------	---------	-----------------------------	-----------------------------------	---	---	---

Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
---------------------	---------	--------------------	-----------------------------------	--------------	---	---

Current mailing address <b>4155 ESSEN LN APT 159</b>			Date of birth (mm/dd/yyyy) <b>07/29/1992</b>	Spouse's date of birth
City <b>BATON ROUGE</b>	State <b>LA</b>	ZIP code <b>70809</b>	Country <b>USA</b>	Phone <b>(608) 886-3451</b>

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

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

**Exemptions**

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

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

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

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

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

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

\*Dependent relationship code (see instructions).

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

**2020 Form OR-40-N**

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Oregon Department of Revenue



00542001021555

Name <b>RAVI KISHORE DEVALLA</b>	SSN <b>855-69-7161</b>
-------------------------------------	---------------------------

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

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. <b>Include all Forms W-2</b> ..... 7F.	85,568.00	7S. 10,216.00
8. Interest income from Form 1040 or 1040-SR, line 2b..... 8F.		8S.
9. Dividend income from Form 1040 or 1040-SR, line 3b..... 9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 1..... 10F.		10S.
11. Alimony received from federal Schedule 1, line 2a..... 11F.		11S.
12. Business income or loss from federal Schedule 1, line 3..... 12F.		12S.
13. Capital gain or loss from Form 1040 or 1040-SR, line 7..... 13F.		13S.
14. Other gains or losses from federal Schedule 1, line 4..... 14F.		14S.
15. IRA distributions from Form 1040 or 1040-SR, line 4b..... 15F.		15S.
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b..... 16F.		16S.
17. Schedule E income or loss from federal Schedule 1, line 5..... 17F.	-5,490.00	17S. 0.00
18. Farm income or loss from federal Schedule 1, line 6..... 18F.		18S.
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8..... 19F.		19S.
20. Total income. Add lines 7 through 19..... 20F.	80,078.00	20S. 10,216.00

**Adjustments**

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19..... 21F.		21S.
22. Education deductions from federal Schedule 1, lines 10, 20, and 21..... 22F.	0.00	22S.
23. Moving expenses from federal Schedule 1, line 13..... 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 14..... 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 16..... 25F.		25S.
26. Alimony paid from federal Schedule 1, line 18a..... 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1..... 27F.		27S.
28. Total adjustments. Add lines 21 through 27..... 28F.	0.00	28S.
29. Income after adjustments. Line 20 minus line 28..... 29F.	80,078.00	29S. 10,216.00

**Additions**

30. Total additions from Schedule OR-ASC-NP, section 2..... 30F.		30S.
31. Income after additions. Add lines 29 and 30..... 31F.	80,078.00	31S. 10,216.00

**Subtractions**

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F..... 32F.		
33. Total subtractions from Schedule OR-ASC-NP, section 3..... 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33..... 34F.	80,078.00	34S. 10,216.00
35. <b>Oregon percentage</b> (see instructions; not more than 100.0%)..... 35.	12.8 %	

**2020 Form OR-40-N**

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001031555

Name <b>RAVI KISHORE DEVALLA</b>	SSN <b>855-69-7161</b>
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**Note: Reprint page 1 if you make changes to this page.**

**Deductions and modifications**

36. Amount from line 34S.....	36.	10,216.00
37. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	37.	0.00
38. <b>Standard deduction.</b> Enter your standard deduction (see instructions).....	38.	2,315.00
<b>You were:</b> 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind <b>Your spouse was:</b> 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind		
39. Enter the larger of line 37 or 38.....	39.	2,315.00
40. 2020 federal tax liability. <b>See instructions for the correct amount: \$0-\$6,950</b> .....	40.	6,950.00
41. Total modifications from Schedule OR-ASC-NP, section 4.....	41.	
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....	42.	1,186.00
43. Charitable art donation (see instructions).....	43.	
44. Total deductions and modifications. Add lines 42 and 43.....	44.	1,186.00
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0.....	45.	9,030.00

**Oregon tax**

46. <b>Tax.</b> Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	46.	538.00
46a. <input type="checkbox"/> Schedule OR-FIA-40-N 46b. <input type="checkbox"/> Worksheet FCG 46c. <input type="checkbox"/> Schedule OR-PTE-NR		
47. Interest on certain installment sales.....	47.	
48. Total tax before credits. Add lines 46 and 47.....	48.	538.00

**Standard and carryforward credits**

49. Exemption credit (see instructions).....	49.	27.00
50. Total standard credits from Schedule OR-ASC-NP, section 5.....	50.	
51. Total standard credits. Add lines 49 and 50.....	51.	27.00
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0.....	52.	511.00
53. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 53 can't be more than line 52 (see Schedules OR-ASC and OR-ASC-NP Instructions).....	53.	
54. Tax after standard and carryforward credits. Line 52 minus line 53.....	54.	511.00

**Payments and refundable credits**

55. Oregon income tax withheld. <b>Include a copy of Forms W-2 and 1099</b> .....	55.	551.00
56. Amount applied from your prior year's tax refund.....	56.	
57. Estimated tax payments for 2020. <b>Include all payments you made</b> prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 56.....	57.	
58. Tax payments from a pass-through entity.....	58.	
59. Earned income credit (see instructions).....	59.	
60. Reserved		
61. Total refundable credits from Schedule OR-ASC-NP, section 7.....	61.	
62. Total payments and refundable credits. Add lines 55 through 61.....	62.	551.00



2020 Form OR-40-N

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Oregon Department of Revenue



00542001041555

Name <b>RAVI KISHORE DEVALLA</b>	SSN <b>855-69-7161</b>
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Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund

- 63. **Overpayment of tax.** If line 54 is **less** than line 62, you overpaid. Line 62 minus line 54..... 63. 40.00
  - 64. **Net tax.** If line 54 is **more** than line 62, you have tax to pay. Line 54 minus line 62..... 64.
  - 65. Penalty and interest for filing or paying late (see instructions)..... 65.
  - 66. Interest on underpayment of estimated tax. **Include Form OR-10**..... 66.
- Exception number from Form OR-10, line 1: 66a.                      Check box if you annualized: 66b.
- 67. Total penalty and interest due. Add lines 65 and 66 ..... 67.
  - 68. **Net tax including penalty and interest.** Line 64 plus line 67..... **This is the amount you owe.** 68.
  - 69. **Overpayment less penalty and interest.** Line 63 minus line 67 ..... **This is your refund.** 69. 40.00
  - 70. Estimated tax. Fill in the portion of line 69 you want applied to your open estimated tax account..... 70.
  - 71. Charitable checkoff donations from Schedule OR-DONATE, line 30..... 71.
  - 72. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) ..... 72.
  - 73. Total. Add lines 70 through 72. The total can't be more than your refund on line 69..... 73.
  - 74. **Net refund.** Line 69 minus line 73..... **This is your net refund.** 74. 40.00

Direct deposit

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

Type of account:  Checking or  Savings

Routing number: 044000037

Account number: 793600698

Reserved

2020 Form OR-40-N

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001051555

Name: RAVI KISHORE DEVALLA, SSN: 855-69-7161

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

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

Signature and date fields for taxpayer and preparer. Includes fields for spouse's signature, preparer phone, license number, address, city, state, and ZIP code.

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

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

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

- Online payments: Visit our website at www.oregon.gov/dor.
Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40-N" and the last four digits of your SSN or ITIN on your check or money order.

Send in your return

- Non-2-D barcode. If the 2-D barcode area on the front of this return is blank:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14555, Salem OR 97309-0940.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14700, Salem OR 97309-0930.
2-D barcode. If the 2-D barcode area on the front of this return is filled in:
- Mail tax-due returns to: Oregon Department of Revenue, PO Box 14720, Salem OR 97309-0463.
- Mail refund and no-tax-due returns to: Oregon Department of Revenue, PO Box 14710, Salem OR 97309-0460.

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

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

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

Horizontal lines for providing details on amended statements or former SSN.

**2020 Form OR-40-N**

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

Oregon Department of Revenue



00542001011555

Office use only	

**Oregon Individual Income Tax Return for Nonresidents**

Submit original form—do not submit photocopy

Fiscal year ending:

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

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



First name <b>RAVI KISHORE</b>	Initial	Last name <b>DEVALLA</b>	<input type="checkbox"/> Deceased	Social Security no. (SSN) <b>855-69-7161</b>	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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Spouse's first name	Initial	Spouse's last name	<input type="checkbox"/> Deceased	Spouse's SSN	<input type="checkbox"/> First time using this SSN (see instructions)	<input type="checkbox"/> Applied for ITIN
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Current mailing address <b>4155 ESSEN LN APT 159</b>			Date of birth (mm/dd/yyyy) <b>07/29/1992</b>	Spouse's date of birth
City <b>BATON ROUGE</b>	State <b>LA</b>	ZIP code <b>70809</b>	Country <b>USA</b>	Phone <b>(608) 886-3451</b>

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

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

**Exemptions** Total

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

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

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

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

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

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

\*Dependent relationship code (see instructions).

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

**2020 Form OR-40-N**

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001021555

Name <b>RAVI KISHORE DEVALLA</b>	SSN <b>855-69-7161</b>
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**Note: Reprint page 1 if you make changes to this page.**

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. <b>Include all Forms W-2</b> ..... 7F.	85,568.00	7S. 10,216.00
8. Interest income from Form 1040 or 1040-SR, line 2b..... 8F.		8S.
9. Dividend income from Form 1040 or 1040-SR, line 3b..... 9F.		9S.
10. State and local income tax refunds from federal Schedule 1, line 1..... 10F.		10S.
11. Alimony received from federal Schedule 1, line 2a..... 11F.		11S.
12. Business income or loss from federal Schedule 1, line 3..... 12F.		12S.
13. Capital gain or loss from Form 1040 or 1040-SR, line 7..... 13F.		13S.
14. Other gains or losses from federal Schedule 1, line 4..... 14F.		14S.
15. IRA distributions from Form 1040 or 1040-SR, line 4b..... 15F.		15S.
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b..... 16F.		16S.
17. Schedule E income or loss from federal Schedule 1, line 5..... 17F.	-5,490.00	17S. 0.00
18. Farm income or loss from federal Schedule 1, line 6..... 18F.		18S.
19. Social Security benefits from Form 1040 or 1040-SR, line 6b; and unemployment and other income from federal Schedule 1, lines 7 and 8..... 19F.		19S.
20. Total income. Add lines 7 through 19..... 20F.	80,078.00	20S. 10,216.00

**Adjustments**

21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19..... 21F.		21S.
22. Education deductions from federal Schedule 1, lines 10, 20, and 21..... 22F.	0.00	22S.
23. Moving expenses from federal Schedule 1, line 13..... 23F.		23S.
24. Deduction for self-employment tax from federal Schedule 1, line 14..... 24F.		24S.
25. Self-employed health insurance deduction from federal Schedule 1, line 16..... 25F.		25S.
26. Alimony paid from federal Schedule 1, line 18a..... 26F.		26S.
27. Total adjustments from Schedule OR-ASC-NP, section 1..... 27F.		27S.
28. Total adjustments. Add lines 21 through 27..... 28F.	0.00	28S.
29. Income after adjustments. Line 20 minus line 28..... 29F.	80,078.00	29S. 10,216.00

**Additions**

30. Total additions from Schedule OR-ASC-NP, section 2..... 30F.		30S.
31. Income after additions. Add lines 29 and 30..... 31F.	80,078.00	31S. 10,216.00

**Subtractions**

32. Social Security and tier 1 Railroad Retirement Board benefits included on line 19F..... 32F.		
33. Total subtractions from Schedule OR-ASC-NP, section 3..... 33F.		33S.
34. Income after subtractions. Line 31 minus lines 32 and 33..... 34F.	80,078.00	34S. 10,216.00
35. <b>Oregon percentage</b> (see instructions; not more than 100.0%)..... 35.	12.8 %	

**2020 Form OR-40-N**

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(Rev. 08-25-20 ver. 01)

Oregon Department of Revenue



00542001031555

Name <b>RAVI KISHORE DEVALLA</b>	SSN <b>855-69-7161</b>
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**Note: Reprint page 1 if you make changes to this page.**

**Deductions and modifications**

36. Amount from line 34S.....	36.	10,216.00
37. <b>Oregon itemized deductions.</b> Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	37.	0.00
38. <b>Standard deduction.</b> Enter your standard deduction (see instructions).....	38.	2,315.00
<p><b>You were:</b> 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind    <b>Your spouse was:</b> 38c. <input type="checkbox"/> 65 or older 38d. <input type="checkbox"/> Blind</p>		
39. Enter the larger of line 37 or 38.....	39.	2,315.00
40. 2020 federal tax liability. <b>See instructions for the correct amount: \$0-\$6,950</b> .....	40.	6,950.00
41. Total modifications from Schedule OR-ASC-NP, section 4.....	41.	
42. Deductions and modifications multiplied by the Oregon percentage (see instructions).....	42.	1,186.00
43. Charitable art donation (see instructions).....	43.	
44. Total deductions and modifications. Add lines 42 and 43.....	44.	1,186.00
45. Oregon taxable income. Line 36 minus line 44. If line 44 is more than line 36, enter 0.....	45.	9,030.00

**Oregon tax**

46. <b>Tax.</b> Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	46.	538.00
<p>46a. <input type="checkbox"/> Schedule OR-FIA-40-N    46b. <input type="checkbox"/> Worksheet FCG    46c. <input type="checkbox"/> Schedule OR-PTE-NR</p>		
47. Interest on certain installment sales.....	47.	
48. Total tax before credits. Add lines 46 and 47.....	48.	538.00

**Standard and carryforward credits**

49. Exemption credit (see instructions).....	49.	27.00
50. Total standard credits from Schedule OR-ASC-NP, section 5.....	50.	
51. Total standard credits. Add lines 49 and 50.....	51.	27.00
52. Tax minus standard credits. Line 48 minus line 51. If line 51 is more than line 48, enter 0.....	52.	511.00
53. Total carryforward credits claimed this year from Schedule OR-ASC-NP, section 6. Line 53 can't be more than line 52 (see Schedules OR-ASC and OR-ASC-NP Instructions).....	53.	
54. Tax after standard and carryforward credits. Line 52 minus line 53.....	54.	511.00

**Payments and refundable credits**

55. Oregon income tax withheld. <b>Include a copy of Forms W-2 and 1099</b> .....	55.	551.00
56. Amount applied from your prior year's tax refund.....	56.	
57. Estimated tax payments for 2020. <b>Include all payments you made</b> prior to the filing date of this return, including real estate transactions. Do not include the amount you already reported on line 56.....	57.	
58. Tax payments from a pass-through entity.....	58.	
59. Earned income credit (see instructions).....	59.	
60. Reserved		
61. Total refundable credits from Schedule OR-ASC-NP, section 7.....	61.	
62. Total payments and refundable credits. Add lines 55 through 61.....	62.	551.00

2020 Form OR-40-N

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Oregon Department of Revenue



00542001041555

Name <b>RAVI KISHORE DEVALLA</b>	SSN <b>855-69-7161</b>
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Note: Reprint page 1 if you make changes to this page.

Tax to pay or refund

- 63. **Overpayment of tax.** If line 54 is **less** than line 62, you overpaid. Line 62 minus line 54..... 63. 40.00
  - 64. **Net tax.** If line 54 is **more** than line 62, you have tax to pay. Line 54 minus line 62..... 64.
  - 65. Penalty and interest for filing or paying late (see instructions)..... 65.
  - 66. Interest on underpayment of estimated tax. **Include Form OR-10**..... 66.
- Exception number from Form OR-10, line 1: 66a.                      Check box if you annualized: 66b.
- 67. Total penalty and interest due. Add lines 65 and 66 ..... 67.
  - 68. **Net tax including penalty and interest.** Line 64 plus line 67..... **This is the amount you owe.** 68.
  - 69. **Overpayment less penalty and interest.** Line 63 minus line 67 ..... **This is your refund.** 69. 40.00
  - 70. Estimated tax. Fill in the portion of line 69 you want applied to your open estimated tax account..... 70.
  - 71. Charitable checkoff donations from Schedule OR-DONATE, line 30..... 71.
  - 72. Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions) ..... 72.
  - 73. Total. Add lines 70 through 72. The total can't be more than your refund on line 69..... 73.
  - 74. **Net refund.** Line 69 minus line 73..... **This is your net refund.** 74. 40.00

Direct deposit

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

Type of account:  Checking or  Savings

Routing number: 044000037

Account number: 793600698

Reserved



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

Your first name and middle initial <b>RAVI KISHORE</b>	Last name <b>DEVALLA</b>	Your social security number <b>855-69-7161</b>
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. <b>4155 ESSEN LN</b>		Apt. no. <b>159</b>	<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. <b>BATON ROUGE</b>	State <b>LA</b>	ZIP code <b>70809</b>	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

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

	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .			<b>1</b>	<b>85,568.</b>
Attach Sch. B if required.	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>	
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>	
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>	
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>	
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>	
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>	
	<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b>	<b>-5,490.</b>
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b>	<b>80,078.</b>
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	<b>10</b> Adjustments to income:				
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b>			
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>			
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶			<b>10c</b>	
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶			<b>11</b>	<b>80,078.</b>
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .			<b>12</b>	<b>12,400.</b>
	<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .			<b>13</b>	
	<b>14</b> Add lines 12 and 13 . . . . .			<b>14</b>	<b>12,400.</b>
	<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .			<b>15</b>	<b>67,678.</b>



16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	10,679.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	10,679.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	10,679.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	10,679.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	13,670.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	13,670.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	13,670.

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,991.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,991.
b	Routing number 044000037		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 793600698		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the <b>amount you owe now</b>	37	
<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 02/05/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
Firm's EIN				30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **01**

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

Your social security number  
855-69-7161

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	-5,490.
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	-5,490.

**Part II Adjustments to Income**

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