

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to 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	80,080.
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 RAVI KISHORE	Last name DEVALLA	Your social security number 855-69-7161
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. 7389 FLORIDA BLVD STE 400		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BATON ROUGE	State LA	ZIP code 70806	
Foreign country name	Foreign province/state/county	Foreign postal code	

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(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
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	85,568.	
	2a	Tax-exempt interest	2a	b Taxable interest	2b	
	3a	Qualified dividends	3a	b Ordinary dividends	3b	
	4a	IRA distributions	4a	b Taxable amount	4b	
	5a	Pensions and annuities	5a	b Taxable amount	5b	
	6a	Social security benefits	6a	b Taxable amount	6b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			7	
	8	Other income from Schedule 1, line 9			8	-5,488.
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	80,080.
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a			
	b	Charitable contributions if you take the standard deduction. See instructions	10b			
	c	Add lines 10a and 10b. These are your total adjustments to income ▶	10c			
	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	80,080.
	12	Standard deduction or itemized deductions (from Schedule A)			12	12,400.
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			13		
14	Add lines 12 and 13			14	12,400.	
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	67,680.	

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 total tax	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) NO	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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	13,670.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,991.
35a	Amount of line 34 you want refunded to you . 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 applied to your 2021 estimated tax	36	

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	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 02/01/2021	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 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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-5,488.
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	-5,488.

Part II Adjustments to Income

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

RAVI KISHORE DEVALLA

Your social security number

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

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

Type of Property:

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

Income:		Properties:		A	B	C
3	Rents received	3		600.		
4	Royalties received	4				
Expenses:						
5	Advertising	5		100.		
6	Auto and travel (see instructions)	6		300.		
7	Cleaning and maintenance	7		90.		
8	Commissions.	8				
9	Insurance	9				
10	Legal and other professional fees	10				
11	Management fees	11				
12	Mortgage interest paid to banks, etc. (see instructions)	12				
13	Other interest.	13		5,000.		
14	Repairs.	14		598.		
15	Supplies	15				
16	Taxes	16				
17	Utilities.	17				
18	Depreciation expense or depletion	18				
19	Other (list) ▶	19				
20	Total expenses. Add lines 5 through 19	20		6,088.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21		-5,488.		
22	Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-5,488.)	()
23a	Total of all amounts reported on line 3 for all rental properties	23a		600.		
b	Total of all amounts reported on line 4 for all royalty properties	23b				
c	Total of all amounts reported on line 12 for all properties	23c				
d	Total of all amounts reported on line 18 for all properties	23d				
e	Total of all amounts reported on line 20 for all properties	23e		6,088.		
24	Income. Add positive amounts shown on line 21. Do not include any losses	24				
25	Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	(5,488.)		
26	Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26		-5,488.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2020

LOUISIANA

DEPARTMENT of REVENUE

Your first name and initial RAVI KISHORE	Last name DEVALLA	Your Social Security Number 1 8 5 5 6 9 7 1 6 1	2020
Spouse's first name and initial	Last name	Spouse's Social Security Number 2	
Present home address (number and street including apartment number or rural route) 7389 FLORIDA BLVD STE 400		Daytime Telephone Number 6 0 8 8 8 6 3 4 5 1	
City, town, or post office BATON ROUGE		State ZIP LA 70806	

Part A Tax Return Information

Balance Due , , . Refund Due , , .

Part B Direct Deposit of Refund (Optional) or Direct Debit (Optional)

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment

, , .

Account Number

Withdrawal Date

MM DD YYYY

Type of Account: Checking Savings
(Check one.)

Full Payment Partial Payment
 Payment made/will be made by credit card.

PART C Declaration of Taxpayer

REV 01/23/21 PRO

- I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- I do not want direct deposit of my refund, am a first-time filer with Louisiana, or am not receiving a refund. I understand that by not having my refund direct deposited I will receive my refund by paper check.
- I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my state taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____
Your signature Date Spouse's signature (if joint return) Date

Part D Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____
Preparer's signature Social Security Number or ID Number Date Telephone

Mark box if also ERO. _____
Electronic Return Originator's signature Social Security Number or ID Number Date Telephone

30-1017196 02/01/21 678-965-9522

This form is to be maintained by ERO.

Name Change

2020 LOUISIANA RESIDENT - 2D

Decedent Filing

RAVI KISHORE DEVALLA

Your SSN

855697161

Spouse Decedent

Spouse's SSN

Address Change

7389 FLORIDA BLVD STE 400

Amended Return

BATON ROUGE

LA 70806

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)

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	80080
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	69401
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 – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. 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 – Your federal Adjusted Gross Income must be EQUAL TO OR LESS THAN \$25,000 to claim the credit on this line. 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. Your overpayment may be reduced by the Underpayment of Estimated Tax Penalty. 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	ADJUSTED OVERPAYMENT – 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 CREDIT	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
	REFUND 3		

DIRECT DEPOSIT INFORMATION

Type: Checking Savings

Routing Number 044000037

Will this refund be forwarded to a financial institution located outside the United States?

Yes No

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.	47	0

PAY THIS AMOUNT.

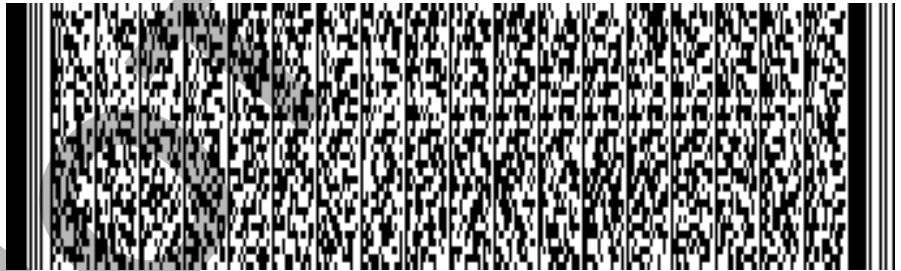
DO NOT SEND CASH.

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)
----------------	-------------------	---------------------------------------------------------	-------------------

PAID PREPARER USE ONLY	Print/Type Preparer's Name SYAM PRIYA RAM SAGAR GUP	Preparer's Signature SYAM PRIYA RAM SAGAR GUP	Date (mm/dd/yyyy) 02/01/2021	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.

1A 511

1B Enter the Credit for Taxes Paid to Other States from Form R-10606.

1B 318

Additional Nonrefundable Priority 1 Credits

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

	Credit Description	Credit Code	Amount of Credit Claimed
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

DO NOT MAIL



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	80080
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	80080

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	EXEMPT INCOME BEFORE APPLICABLE FEDERAL TAX – 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	80080
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	80080

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. NOTE: Retain copies of canceled checks, receipts and other documentation in order to support the amount of qualifying expenses.	.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. If your Federal Adjusted Gross Income is less than or equal to \$60,000 , this is your available Nonrefundable Child Care Credit for 2020. Proceed to Line 3.	.00								
2A	Important! If your Federal Adjusted Gross Income is greater than \$60,000 , 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.	.00								
3	Enter the amount of Louisiana income tax from Form IT-540, Line 19.	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.									
Use Lines 5 through 8 to determine the amount of Nonrefundable Child Care Credit Carryforward from 2015 through 2019 utilized for 2020.										
5	If Line 3 above is greater than zero, enter the amount from Line 3.	2,499 .00								
6	Enter the amount of any Child Care Credit Carryforward from 2015 through 2019.	.00								
7	Subtract Line 6 from Line 5.	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.	.00								
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.										
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.									
10	If Line 7 above is greater than zero, enter the amount from Line 7.	2,499 .00								
11	Enter the amount of your 2020 Child Care Credit (Line 2 or Line 2A above).	.00								
12	Subtract Line 11 from Line 10.	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.									
Use Line 14 to determine what amount of your 2020 Child Care Credit you can claim.										
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.									
Use Line 15 to determine the amount of your 2020 Child Care Credit to be carried forward to 2021.										
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.	.00								



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	

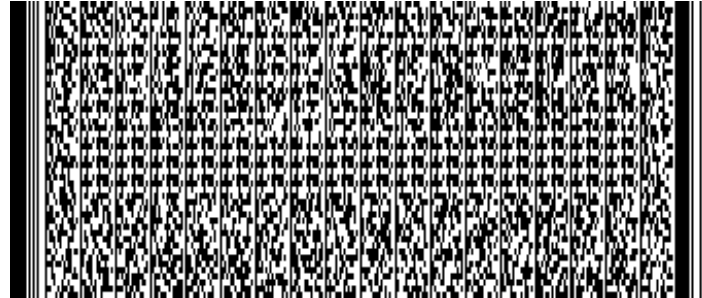
Oregon Individual Income Tax Return for Nonresidents

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 RAVI KISHORE	Initial	Last name DEVALLA	<input type="checkbox"/> Deceased	Social Security no. (SSN) 855-69-7161	<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 7389 FLORIDA BLVD STE 400			Date of birth (mm/dd/yyyy) 07/29/1992	Spouse's date of birth	
City BATON ROUGE	State LA	ZIP code 70806	Country USA	Phone (608) 886-3451	

- 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

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

Oregon Department of Revenue



00542001021555

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

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2 7F.	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.	-5,488.00	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.	80,080.00	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.	80,080.00	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.	80,080.00	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.	80,080.00	34S. 10,216.00
35. Oregon percentage (see instructions; not more than 100.0%)..... 35.	12.8 %	

2020 Form OR-40-N

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

Oregon Department of Revenue



00542001031555

Name RAVI KISHORE DEVALLA	SSN 855-69-7161
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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. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	37.	0.00
38. Standard deduction. Enter your standard deduction (see instructions).....	38.	2,315.00
<p>You were: 38a. <input type="checkbox"/> 65 or older 38b. <input type="checkbox"/> Blind Your spouse was: 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. See instructions for the correct amount: \$0-\$6,950	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. Tax. 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. Include a copy of Forms W-2 and 1099	55.	551.00
56. Amount applied from your prior year's tax refund.....	56.	
57. Estimated tax payments for 2020. Include all payments you made 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

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

Oregon Department of Revenue



00542001041555

Name RAVI KISHORE DEVALLA	SSN 855-69-7161
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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

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

Oregon Department of Revenue



00542001011555

Office use only	

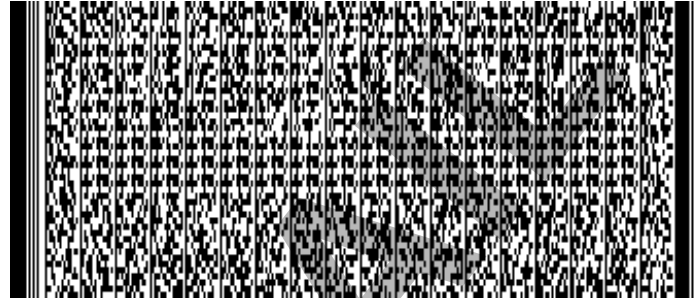
Oregon Individual Income Tax Return for Nonresidents

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 RAVI KISHORE	Initial	Last name DEVALLA	<input type="checkbox"/> Deceased	Social Security no. (SSN) 855-69-7161	<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 7389 FLORIDA BLVD STE 400			Date of birth (mm/dd/yyyy) 07/29/1992	Spouse's date of birth		
City BATON ROUGE	State LA	ZIP code 70806	Country USA	Phone (608) 886-3451		

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

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

Oregon Department of Revenue



00542001021555

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

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

Income	Federal column (F)	Oregon column (S)
7. Wages, salaries, and other pay for work from federal Form 1040 or 1040-SR, line 1. Include all Forms W-2 7F.	85,568.00	10,216.00
8. Interest income from Form 1040 or 1040-SR, line 2b..... 8F.		
9. Dividend income from Form 1040 or 1040-SR, line 3b..... 9F.		
10. State and local income tax refunds from federal Schedule 1, line 1..... 10F.		
11. Alimony received from federal Schedule 1, line 2a..... 11F.		
12. Business income or loss from federal Schedule 1, line 3..... 12F.		
13. Capital gain or loss from Form 1040 or 1040-SR, line 7..... 13F.		
14. Other gains or losses from federal Schedule 1, line 4..... 14F.		
15. IRA distributions from Form 1040 or 1040-SR, line 4b..... 15F.		
16. Pensions and annuities from Form 1040 or 1040-SR, line 5b..... 16F.		
17. Schedule E income or loss from federal Schedule 1, line 5..... 17F.	-5,488.00	0.00
18. Farm income or loss from federal Schedule 1, line 6..... 18F.		
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.		
20. Total income. Add lines 7 through 19..... 20F.	80,080.00	10,216.00
Adjustments		
21. IRA or SEP and SIMPLE contributions, from federal Schedule 1, lines 15 and 19..... 21F.		
22. Education deductions from federal Schedule 1, lines 10, 20, and 21..... 22F.	0.00	
23. Moving expenses from federal Schedule 1, line 13..... 23F.		
24. Deduction for self-employment tax from federal Schedule 1, line 14..... 24F.		
25. Self-employed health insurance deduction from federal Schedule 1, line 16..... 25F.		
26. Alimony paid from federal Schedule 1, line 18a..... 26F.		
27. Total adjustments from Schedule OR-ASC-NP, section 1..... 27F.		
28. Total adjustments. Add lines 21 through 27..... 28F.	0.00	
29. Income after adjustments. Line 20 minus line 28..... 29F.	80,080.00	10,216.00
Additions		
30. Total additions from Schedule OR-ASC-NP, section 2..... 30F.		
31. Income after additions. Add lines 29 and 30..... 31F.	80,080.00	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.		
34. Income after subtractions. Line 31 minus lines 32 and 33..... 34F.	80,080.00	10,216.00
35. Oregon percentage (see instructions; not more than 100.0%)..... 35.	12.8 %	

2020 Form OR-40-N

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

Oregon Department of Revenue



00542001031555

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

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

Deductions and modifications

Table with 2 columns: Line number and Amount. Rows include: 36. Amount from line 34S (10,216.00), 37. Oregon itemized deductions (0.00), 38. Standard deduction (2,315.00), 39. Enter the larger of line 37 or 38 (2,315.00), 40. 2020 federal tax liability (6,950.00), 41. Total modifications from Schedule OR-ASC-NP (1,186.00), 42. Deductions and modifications multiplied by the Oregon percentage (1,186.00), 43. Charitable art donation, 44. Total deductions and modifications (1,186.00), 45. Oregon taxable income (9,030.00).

Oregon tax

Table with 2 columns: Line number and Amount. Rows include: 46. Tax (538.00), 46a. Schedule OR-FIA-40-N, 46b. Worksheet FCG, 46c. Schedule OR-PTE-NR, 47. Interest on certain installment sales, 48. Total tax before credits (538.00).

Standard and carryforward credits

Table with 2 columns: Line number and Amount. Rows include: 49. Exemption credit (27.00), 50. Total standard credits from Schedule OR-ASC-NP (27.00), 51. Total standard credits (27.00), 52. Tax minus standard credits (511.00), 53. Total carryforward credits claimed this year (511.00), 54. Tax after standard and carryforward credits (511.00).

Payments and refundable credits

Table with 2 columns: Line number and Amount. Rows include: 55. Oregon income tax withheld (551.00), 56. Amount applied from your prior year's tax refund, 57. Estimated tax payments for 2020, 58. Tax payments from a pass-through entity, 59. Earned income credit, 60. Reserved, 61. Total refundable credits from Schedule OR-ASC-NP (551.00), 62. Total payments and refundable credits (551.00).

2020 Form OR-40-N

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

Oregon Department of Revenue



00542001041555

Name RAVI KISHORE DEVALLA	SSN 855-69-7161
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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. <input type="checkbox"/>		
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

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

Oregon Department of Revenue



00542001051555

Name	SSN
RAVI KISHORE DEVALLA	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.

Your signature	Date		
X			
Spouse's signature (if filing jointly, both must sign)	Date		
X			
Signature of preparer other than taxpayer	Preparer phone	Preparer license number, if professionally prepared	
XSYAM PRIYA RAM SAG	(678) 965-9522		
Preparer address	City	State	ZIP code
2530 PEBBLE CREEK LN	CUMMING	GA	30041

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

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

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

- **Online payments:** Visit our website at www.oregon.gov/dor.
- **Mailing your payment:** Make your check or money order payable to the **Oregon Department of Revenue**. Write **"2020 Oregon Form OR-40-N"** and the last four digits of your SSN or ITIN on your check or money order. Include your payment with this return. **Don't** use the Form OR-40-V payment voucher if you're mailing your payment with your return.

Send in your return

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

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

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

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

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 RAVI KISHORE	Last name DEVALLA	Your social security number 855-69-7161
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. 7389 FLORIDA BLVD STE 400		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. BATON ROUGE	State LA	ZIP code 70806	
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"/>

	1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	85,568.
Attach Sch. B if required.	2a Tax-exempt interest	2a		
	3a Qualified dividends	3a		
	4a IRA distributions	4a		
	5a Pensions and annuities	5a		
	6a Social security benefits	6a		
		b Taxable interest	b	
	b Ordinary dividends	b		
	b Taxable amount	b		
	b Taxable amount	b		
	b Taxable amount	b		
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7	
	8 Other income from Schedule 1, line 9		8	-5,488.
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	80,080.
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	10 Adjustments to income:			
	a From Schedule 1, line 22	10a		
	b Charitable contributions if you take the standard deduction. See instructions	10b		
	c Add lines 10a and 10b. These are your total adjustments to income ▶		10c	
	11 Subtract line 10c from line 9. This is your adjusted gross income ▶		11	80,080.
	12 Standard deduction or itemized deductions (from Schedule A)		12	12,400.
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A		13	
	14 Add lines 12 and 13		14	12,400.
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	67,680.

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 total tax	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) NO	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 total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	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 overpaid	34	2,991.
35a	Amount of line 34 you want refunded to you . 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 applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE ENGINEER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	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 02/01/2021	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 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

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
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	-5,488.
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	-5,488.

Part II Adjustments to Income

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