

(Rev. August 2020)

Department of the Treasury Internal Revenue Service

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID)

Table with 2 columns: Taxpayer's name (MOUNIKA RAMREDDYGARI), Spouse's name, Social security number (366-73-2751), 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 1040SS filers use line 4 only. Leave lines 1, 2, 3 and 5 blank

Table with 3 columns: Line number, Description (Adjusted gross income, Total tax, Federal income tax withheld, Amount you want refunded, Amount you owe), and Amount.

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.

Taxpayer's PIN: check one box only

- I authorize GLOBAL TAXES LLC to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.

Digit entry box containing 3, 2, 7, 5, 1 with instructions: Enter five digits, but don't enter all zeros.

Your signature Date

Spouse's PIN: check one box only

- I authorize to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing.

Digit entry box with instructions: Enter five digits, but don't enter all zeros.

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

I certify that the abovenumeric 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.

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 MOUNIKA	Last name RAMREDDYGARI	Your social security number 366-73-2751
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 2405 NE JOHN OLSEN AVENUE		Apt no B205
City, town, or post office. If you have a foreign address, also complete spaces below. BEAVERTON		State OR
		ZIP code 97006
Foreign country name	Foreign province/state/county	Foreign postal code

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.
 You Spouse

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"/>	<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 Standard Deduction, see instructions	<table style="width:100%;"> <tr> <td style="width:5%;">1</td> <td style="width:65%;">Wages, salaries, tips, etc. Attach Form(s) W-2</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:5%;">1</td> <td style="width:5%;">84,677.</td> </tr> <tr> <td>2a</td> <td>Tax-exempt interest</td> <td>2b</td> <td></td> <td>2b</td> <td></td> </tr> <tr> <td>3a</td> <td>Qualified dividends</td> <td>3a</td> <td></td> <td>3b</td> <td></td> </tr> <tr> <td>4a</td> <td>IRA distributions</td> <td>4a</td> <td></td> <td>4b</td> <td></td> </tr> <tr> <td>5a</td> <td>Pensions and annuities</td> <td>5a</td> <td></td> <td>5b</td> <td></td> </tr> <tr> <td>6a</td> <td>Social security benefits</td> <td>6a</td> <td></td> <td>6b</td> <td></td> </tr> <tr> <td>7</td> <td>Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/></td> <td></td> <td></td> <td>7</td> <td></td> </tr> <tr> <td>8</td> <td>Other income from Schedule 1, line 9</td> <td></td> <td></td> <td>8</td> <td>-6,400.</td> </tr> <tr> <td>9</td> <td>Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶</td> <td></td> <td></td> <td>9</td> <td>78,277.</td> </tr> <tr> <td>10</td> <td>Adjustments to income:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>From Schedule 1, line 22</td> <td>10a</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b</td> <td>Charitable contributions if you take the standard deduction. See instructions</td> <td>10b</td> <td>250.</td> <td></td> <td></td> </tr> <tr> <td>c</td> <td>Add lines 10a and 10b. These are your total adjustments to income ▶</td> <td></td> <td></td> <td>10c</td> <td>250.</td> </tr> <tr> <td>11</td> <td>Subtract line 10c from line 9. This is your adjusted gross income ▶</td> <td></td> <td></td> <td>11</td> <td>78,027.</td> </tr> <tr> <td>12</td> <td>Standard deduction or itemized deductions (from Schedule A)</td> <td></td> <td></td> <td>12</td> <td>12,400.</td> </tr> <tr> <td>13</td> <td>Qualified business income deduction. Attach Form 8995 or Form 8995-A</td> <td></td> <td></td> <td>13</td> <td></td> </tr> <tr> <td>14</td> <td>Add lines 12 and 13</td> <td></td> <td></td> <td>14</td> <td>12,400.</td> </tr> <tr> <td>15</td> <td>Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-</td> <td></td> <td></td> <td>15</td> <td>65,627.</td> </tr> </table>	1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	84,677.	2a	Tax-exempt interest	2b		2b		3a	Qualified dividends	3a		3b		4a	IRA distributions	4a		4b		5a	Pensions and annuities	5a		5b		6a	Social security benefits	6a		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	-6,400.	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			9	78,277.	10	Adjustments to income:					a	From Schedule 1, line 22	10a				b	Charitable contributions if you take the standard deduction. See instructions	10b	250.			c	Add lines 10a and 10b. These are your total adjustments to income ▶			10c	250.	11	Subtract line 10c from line 9. This is your adjusted gross income ▶			11	78,027.	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	65,627.
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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	10,228.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	10,228.
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	10,228.
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	10,228.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,098.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,098.
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	12,098.

• If you have a qualifying child, attach Sch EIC.
• If you have non-taxable 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	1,870.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,870.
	b	Routing number: X X X X X X X X X X	c Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Direct deposit? See instructions	d	Account number: X X X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe For details on how to pay, see instructions	37	Subtract line 33 from line 24. This is the amount you owe now	37	
	38	Estimated tax penalty (see instructions)	38	

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

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

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

Your signature	Date	Your occupation BUSINESS ANALYST	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 01/23/2021	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

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.

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

Your social security number
366-73-2751

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,400.
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	-6,400.

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 1041)

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 1041, 1041SR, 1041NR, or 1041.

Attachment
Sequence No 13

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

Name(s) shown on return

Your social security number

MOUNIKA RAMREDDYGARI

366-73-2751

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 4D

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	SR NAGAR HYDERABAD TELANGANA IN 500045				
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	650.		
4 Royalties received	4			
Expenses				
5 Advertising	5	100.		
6 Auto and travel (see instructions)	6	250.		
7 Cleaning and maintenance	7	100.		
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	6,000.		
14 Repairs	14	600.		
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	7,050.		
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	-6,400.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(-6,400.)	()	()
23a Total of all amounts reported on line 3 for all rental properties	23a	650.		
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	7,050.		
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	(6,400.)		
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 4D on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1041), line 5. Otherwise, include this amount in the total on line 41 on page 2	26			-6,400.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1041) 2020



00462001011555

Office use only	

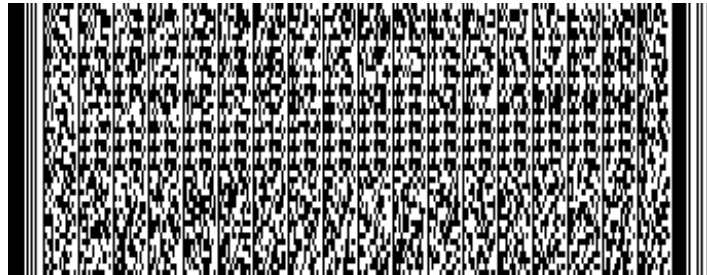
Oregon Individual Income Tax Return for Full-year Residents

Submit original form—do not submit photocopy

Fiscal year ending

Space for 2D 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



First name MOUNIKA	Initial	Last name RAMREDDYGARI	<input type="checkbox"/> Deceased	Social Security no. (SSN) 366-73-2751	<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 2405 NE JOHN OLSEN AVENUE APT B205	Date of birth (mm/dd/yyyy) 12/16/1992	Spouse's date of birth
City BEAVERTON	State OR	ZIP code 97006
Country USA	Phone (630) 397-9007	

- 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

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(Rev. 11-05-20 over 01)

Oregon Department of Revenue



00462001021555

Name MOUNIKA RAMREDDYGARI	SSN 366-73-2751
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Note: Reprint page 1 if you make changes to this page.

Taxable income

7. Federal adjusted gross income from federal Form 1040, 1040-SR, and 1040-NR, line 11; or 1040-X, line 1C (see instructions).....	7	78,027.00
8. Total additions from Schedule OR-ASC, section 1.....	8	
9. Income after additions. Add lines 7 and 8.....	9	78,027.00

Subtractions

10. 2020 federal tax liability. See instructions for the correct amount: \$0-\$6,950.....	10	6,950.00
11. Social Security included on federal Form 1040 or 1040-SR, line 6b.....	11	
12. Oregon income tax refund included in federal income.....	12	
13. Total subtractions from Schedule OR-ASC, section 2.....	13	
14. Total subtractions. Add lines 10 through 13.....	14	6,950.00
15. Income after subtractions. Line 9 minus line 14.....	15	71,077.00

Deductions

16. Oregon itemized deductions. Enter your Oregon itemized deductions from Schedule OR-A, line 23. If you are not itemizing your deductions, enter 0.....	16	0.00
17. Standard deduction. Enter your standard deduction (see instructions).....	17	2,315.00

You were: 17a. 65 or older 17b. Blind Your spouse was 17c. 65 or older 17d. Blind

18. Enter the larger of line 16 or 17.....	18	2,315.00
19. Oregon taxable income. Line 15 minus line 18. If line 18 is more than line 15, enter 0.....	19	68,762.00

Oregon tax

20. Tax. Check the appropriate box if you're using an alternative method to calculate your tax (see instructions).....	20	5,764.00
20a. <input type="checkbox"/> Schedule OR-FIA-40 20b. <input type="checkbox"/> Worksheet FCG 20c. <input type="checkbox"/> Schedule OR-PTE-FY		
21. Interest on certain installment sales.....	21	
22. Total tax before credits. Add lines 20 and 21.....	22	5,764.00

Standard and carryforward credits

23. Exemption credit. If the amount on line 7 is \$100,000 or less, multiply your total exemptions on line 6e by \$210. Otherwise, see instructions.....	23	210.00
24. Political contribution credit. See limits in instructions.....	24	
25. Total standard credits from Schedule OR-ASC, section 3.....	25	
26. Total standard credits. Add lines 23 through 25.....	26	210.00
27. Tax minus standard credits. Line 22 minus line 26. If line 26 is more than line 22, enter 0.....	27	5,554.00
28. Total carryforward credits claimed this year from Schedule OR-ASC, section 4. Line 28 can't be more than line 27 (see Schedule OR-ASC instructions).....	28	
29. Tax after standard and carryforward credits. Line 27 minus line 28.....	29	5,554.00

2020 Form OR-40

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Oregon Department of Revenue



00462001031555

Name MOUNIKA RAMREDDYGARI	SSN 366-73-2751
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Note: Reprint page 1 if you make changes to this page.

Payments and refundable credits

30 Oregon income tax withheld. Include a copy of your Forms W-2 and 1099.....	30	6,484.00
31 Amount applied from your prior year's tax refund.....	31	
32 Estimated tax payments for 2020. Include all payments you made prior to the filing date of this return. Do not include the amount you already reported on line 31.....	32	
33 Earned income credit (see instructions).....	33	
34 Reserved		
35 Total refundable credits from Schedule OR-ASC, section 5.....	35	
36 Total payments and refundable credits. Add lines 30 through 35.....	36	6,484.00

Tax to pay or refund

37 Overpayment of tax. If line 29 is less than line 36, you overpaid. Line 36 minus line 29.....	37	930.00
38 Net tax. If line 29 is more than line 36, you have tax to pay. Line 29 minus line 36.....	38	
39 Penalty and interest for filing or paying late (see instructions).....	39	
40 Interest on underpayment of estimated tax. Include Form OR-10.....	40	
Exception number from Form OR-10 line 1: 40a Check box if you annualized 40b <input type="checkbox"/>		
41 Total penalty and interest due. Add lines 39 and 40.....	41	
42 Net tax including penalty and interest. Line 38 plus line 41..... This is the amount you owe.	42	
43 Overpayment less penalty and interest. Line 37 minus line 41..... This is your refund.	43	930.00
44 Estimated tax. Fill in the portion of line 43 you want applied to your open estimated tax account.....	44	
45 Charitable checkoff donations from Schedule OR-DONATE, line 30.....	45	
46 Political party \$3 checkoff. Party code: 46a You 46b Spouse.....	46	
47 Oregon 529 college savings plan deposits from Schedule OR-529 (see instructions).....	47	
48 Total. Add lines 44 through 47. Total can't be more than your refund on line 43.....	48	
49 Net refund. Line 43 minus line 48..... This is your net refund.	49	930.00

Direct deposit

50 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:

Account number:

Reserved

2020 Form OR-40



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(Rev. 11-05-20 over 01)

Oregon Department of Revenue

00462001041555

Name	SSN
MOUNIKA RAMREDDYGARI	366-73-2751

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 SAGAR GUPTA TALLAM	(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, 1040SR, 1040X, 1040NR, or 1040NR-EZ. Without this information, we may adjust your return.

Make your payment (if you have an amount due on line 42)

- Online payments: Visit our website at www.oregon.gov/obr.
- Mailing your payment: Make your check or money order payable to the Oregon Department of Revenue. Write "2020 Oregon Form OR-40" 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-40V 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 97309-0980
- 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 MOUNIKA	Last name RAMREDDYGARI	Your social security number 366-73-2751
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 2405 NE JOHN OLSEN AVENUE		Apt no B205
City, town, or post office. If you have a foreign address, also complete spaces below. BEAVERTON		State OR
		ZIP code 97006
Foreign country name	Foreign province/state/county	Foreign postal code

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.
 You Spouse

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"/>	<input type="checkbox"/>

Attach Sch B if required	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	84,677.
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 Standard Deduction, see instructions	2a Tax-exempt interest	2b	
	3a Qualified dividends	3b	
	4a IRA distributions	4b	
	5a Pensions and annuities	5b	
	6a Social security benefits	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	-6,400.	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	78,277.	
10 Adjustments to income:			
a From Schedule 1, line 22	10a		
b Charitable contributions if you take the standard deduction. See instructions	10b	250.	
c Add lines 10a and 10b. These are your total adjustments to income ▶	10c	250.	
11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	78,027.	
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	65,627.	

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	10,228.
17	Amount from Schedule 2 line 3	17	
18	Add lines 16 and 17	18	10,228.
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	10,228.
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	10,228.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	12,098.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	12,098.
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	12,098.

• 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	1,870.
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	1,870.
b	Routing number: X X X X X X X X X X		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number: X X X X X X X X X X X X X X X X		
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.

Joint return? See instructions. Keep a copy for your records

Your signature	Date	Your occupation BUSINESS ANALYST	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 01/23/2021	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

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.

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

Your social security number
366-73-2751

Part I Additional Income

1 Taxable refunds, credits, or offsets of state and local income taxes	1	
2a Alimony received	2a	
b Date of original divorce or separation agreement (see instructions) ▶ _____		
3 Business income or (loss). Attach Schedule C	3	
4 Other gains or (losses). Attach Form 4797	4	
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-6,400.
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	-6,400.

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	