

**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 BALTHA	Last name YERUVA	Your social security number 073-93-3179
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. 2456 NUTWOOD AVE		Apt. no. A26
City, town, or post office. If you have a foreign address, also complete spaces below. FULLERTON		State CA
		ZIP code 92831
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.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>
	<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b> 6,107.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b> 6,107.
	<b>10</b> Adjustments to income:			
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b> 4,432.		
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>		
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		<b>10c</b> 4,432.	
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 1,675.	
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b> 12,400.	
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b> 0.		
<b>14</b> Add lines 12 and 13 . . . . .		<b>14</b> 12,400.		
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 0.		

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	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
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	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	863.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	863.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	1,800.

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

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	937.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	937.
b	Routing number 1 2 1 0 0 0 3 5 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 5 5 7 8 1 1 5 6		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

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

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/25/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	
GLOBAL TAXES LLC	2530 Pebble Creek Ln Cumming GA 30041		(678) 965-9522	
Firm's EIN			30-1017196	

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **01**

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

Your social security number  
073-93-3179

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	6,107.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	6,107.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	432.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	4,000.
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	4,432.

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

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

**Your social security number**  
073-93-3179

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	863.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	863.

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

BAA

REV 02/15/21 PRO

Schedule 2 (Form 1040) 2020

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>BALTHA YERUVA</b>	Social security number (SSN) 073-93-3179
<b>A</b> Principal business or profession, including product or service (see instructions) DELIVERY	<b>B</b> Enter code from instructions ▶ 4   2   4   4   0   0
<b>C</b> Business name. If no separate business name, leave blank. DASHDOOR	<b>D</b> Employer ID number (EIN) (see instr.)
<b>E</b> Business address (including suite or room no.) ▶ 303 2ND STREET SUITE 800 City, town or post office, state, and ZIP code SAN FRANCISCO, CA 94107	
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H</b> If you started or acquired this business during 2020, check here . . . . . <input type="checkbox"/>	
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	53,157.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	53,157.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	53,157.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	53,157.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	26,450.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	12,000.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	5,000.
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	1,200.	<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	2,400.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	6,107.			
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.



**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
BALTHA YERUVA

Social security number of person  
with self-employment income ▶ 073-93-3179

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . .

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . . **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . . **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** 6,107.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 6,107.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 5,640.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue . . . . . **4c** 5,640.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b** 0.

**6** Add lines 4c and 5b . . . . . **6** 5,640.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 . . . . . **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 . . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c . . . . . **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 137,700.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 699.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 164.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 863.

**13** **Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** . . . . . **13** 432.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, or **(b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) or \$5,640. Also, include this amount on line 4b above . . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 . . . . . **16**

**17** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.  
<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.  
<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.  
<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Part III Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>18</b>	0 .
-----------	-----------------------------------------------------------------------------------------------------------	-----------	-----

<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . . . .	<b>19</b>	
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<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>20</b>	
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<b>21</b>	Combine lines 19 and 20 . . . . .	<b>21</b>	
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If line 5b is zero, skip line 22 and enter -0- on line 23.

<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>22</b>	
-----------	------------------------------------------------------------------------------------------------------------	-----------	--

<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . . . .	<b>23</b>	0 .
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<b>24</b>	Add lines 21 and 23 . . . . .	<b>24</b>	0 .
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<b>25</b>	Enter the smaller of line 9 or line 24 . . . . .	<b>25</b>	0 .
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<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . . . .	<b>26</b>	0 .
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## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

Attachment  
Sequence No. **55**

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return <b>BALTHA YERUVA</b>	Your taxpayer identification number <b>073-93-3179</b>
-------------------------------------------------	-----------------------------------------------------------

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DASHDOOR	073-93-3179	5,675.
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	<b>2</b>	5,675.	
3 Qualified business net (loss) carryforward from the prior year	<b>3</b>	( )	
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	<b>4</b>	5,675.	
5 Qualified business income component. Multiply line 4 by 20% (0.20)	<b>5</b>		1,135.
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	<b>6</b>		
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	<b>7</b>	( )	
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	<b>8</b>		
9 REIT and PTP component. Multiply line 8 by 20% (0.20)	<b>9</b>		
10 Qualified business income deduction before the income limitation. Add lines 5 and 9	<b>10</b>		1,135.
11 Taxable income before qualified business income deduction	<b>11</b>	0.	
12 Net capital gain (see instructions)	<b>12</b>	0.	
13 Subtract line 12 from line 11. If zero or less, enter -0-	<b>13</b>	0.	
14 Income limitation. Multiply line 13 by 20% (0.20)	<b>14</b>		0.
15 Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	<b>15</b>		0.
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	<b>16</b>	( 0. )	
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	<b>17</b>	( 0. )	

## Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**  
 ▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Attachment  
 Sequence No. **60**

Name(s) shown on return  
 BALTHA YERUVA

Your social security number  
 073-93-3179



Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.

You **can't** take both an education credit from Form 8863 and the tuition and fees deduction from this form for the **same student** for the same tax year.

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
    - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First name</td> <td style="width: 50%;">Last name</td> </tr> <tr> <td>BALTHA</td> <td>YERUVA</td> </tr> </table>	First name	Last name	BALTHA	YERUVA	073-93-3179	7,610.
First name	Last name						
BALTHA	YERUVA						
<b>2</b>	Add the amounts on line 1, column (c), and enter the total . . . . .		<b>2</b> 7,610.				
<b>3</b>	Enter the amount from your <b>"total income"</b> line of Form 1040 or 1040-SR . . . . .	<b>3</b> 6,107.					
<b>4</b>	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>	<b>4</b> 432.					
<b>5</b>	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . . * If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.		<b>5</b> 5,675.				
<b>6</b>	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?						
	<input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000.						
	<input checked="" type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000.		<b>6</b> 4,000.				

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.

**Additional information from your 2020 Federal Tax Return****Schedule C (DELIVERY): Profit or Loss from Business****Ln 24b: 50% limit****Itemization Statement**

Description	Amount
FOOD EXPENSES	4,800.
<b>Total</b>	<b>4,800.</b>

**Schedule C (DELIVERY): Profit or Loss from Business****Line 20b****Itemization Statement**

Description	Amount
RENT (12M*\$1000 P.M)	12,000.
<b>Total</b>	<b>12,000.</b>

**Schedule C (DELIVERY): Profit or Loss from Business****Ln 16b: Other Interest****Itemization Statement**

Description	Amount
TELEPHONE	1,200.
<b>Total</b>	<b>1,200.</b>

TAXABLE YEAR

FORM

2020

California e-file Signature Authorization for Individuals

8879

Your name: BALTHA YERUVA
Your SSN or ITIN: 073-93-3179
Spouse's/RDP's name:
Spouse's/RDP's SSN or ITIN:

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California Adjusted Gross Income (AGI) ... 6,107; 2 Amount You Owe ...; 3 Refund or No Amount Due ... 0.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2020, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize GLOBAL TAXES LLC to enter my PIN 33179 as my signature on my 2020 e-filed California individual income tax return.

Your signature Date

Spouse's/RDP's PIN: check one box only

I authorize to enter my PIN as my signature on my 2020 e-filed California individual income tax return.

Spouse's/RDP'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. 58727861989

I certify that the above numeric entry is my PIN, which is my signature for the 2020 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature Date 02/25/2021

# California Nonresident or Part-Year Resident Income Tax Return

2020

540NR

APE

ATTACH FEDERAL RETURN

073-93-3179 YERU  
BALTHA YERUVA

20 PBA 424400

2456 NUTWOOD AVE APT A26  
FULLERTON CA 92831

08-15-1986

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

- Filing Status**
- 1  Single
  - 2  Married/RDP filing jointly. See inst.
  - 3  Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here
  - 4  Head of household (with qualifying person). See instructions.
  - 5  Qualifying widow(er). Enter year spouse/RDP died.   
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst . . . . . ● 6

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

- Exemptions**
- 7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2. If you checked the box on line 6, see instructions. ● 7  X \$124 = ● \$
  - 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2 . . . . . ● 8  X \$124 = ● \$
  - 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2 . . . . . ● 9  X \$124 = ● \$

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions . . . . . ● 10  X \$383 = ● \$

Your name:  Your SSN or ITIN:

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

<b>Total Taxable Income</b>	<b>12</b> Total California wages from your federal Form(s) W-2, box 16 ..... ● <b>12</b> <input type="text"/>	<input type="text" value=".00"/>
	<b>13</b> Enter federal AGI from federal Form 1040, 1040-SR, or 1040-NR, line 11 ..... <input checked="" type="radio"/> <b>13</b> <input type="text" value="1675"/>	<input type="text" value=".00"/>
	<b>14</b> California adjustments – subtractions. Enter the amount from Schedule CA (540NR), Part II, line 23, column B ..... ● <b>14</b> <input type="text"/>	<input type="text" value=".00"/>
	<b>15</b> Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... <b>15</b> <input type="text" value="1675"/>	<input type="text" value=".00"/>
	<b>16</b> California adjustments – additions. Enter the amount from Schedule CA (540NR), Part II, line 23, column C ..... ● <b>16</b> <input type="text" value="4000"/>	<input type="text" value=".00"/>
	<b>17</b> Adjusted gross income from all sources. Combine line 15 and line 16 ..... ● <b>17</b> <input type="text" value="5675"/>	<input type="text" value=".00"/>
	<b>18</b> Enter the <b>larger</b> of: Your California <b>itemized deductions</b> from Schedule CA (540NR), Part III, line 30; <b>OR</b> Your California <b>standard deduction</b> . See instructions ..... ● <b>18</b> <input type="text" value="4601"/>	<input type="text" value=".00"/>
	<b>19</b> Subtract line 18 from line 17. This is your <b>total taxable income</b> . If less than zero, enter -0- ..... <input checked="" type="radio"/> <b>19</b> <input type="text" value="1074"/>	<input type="text" value=".00"/>

<b>CA Taxable Income</b>	<b>31</b> Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	
	● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ..... ● <b>31</b> <input type="text" value="11"/>	<input type="text" value=".00"/>
	<b>32</b> CA adjusted gross income from Schedule CA (540NR), Part IV, line 1. .... ● <b>32</b> <input type="text" value="6107"/>	<input type="text" value=".00"/>
	<b>35</b> CA Taxable Income from Schedule CA (540NR), Part IV, line 5. .... ● <b>35</b> <input type="text" value="1506"/>	<input type="text" value=".00"/>
	<b>36</b> CA Tax Rate. Divide line 31 by line 19. .... <input checked="" type="radio"/> <b>36</b> <input type="text" value="0.0102"/>	
	<b>37</b> CA Tax Before Exemption Credits. Multiply line 35 by line 36 ..... <input checked="" type="radio"/> <b>37</b> <input type="text" value="15"/>	<input type="text" value=".00"/>
	<b>38</b> CA Exemption Credit Percentage. Divide line 35 by line 19. If more than 1, enter 1.0000 ..... <input checked="" type="radio"/> <b>38</b> <input type="text" value="1.0000"/>	
	<b>39</b> CA Prorated Exemption Credits. Multiply line 11 by line 38. If the amount on line 13 is more than \$203,341, see instructions ..... <input checked="" type="radio"/> <b>39</b> <input type="text" value="124"/>	<input type="text" value=".00"/>
	<b>40</b> CA Regular Tax Before Credits. Subtract line 39 from line 37. If less than zero, enter -0- ... <input checked="" type="radio"/> <b>40</b> <input type="text" value="0"/>	<input type="text" value=".00"/>
<b>41</b> Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A ● <b>41</b> <input type="text"/>	<input type="text" value=".00"/>	
<b>42</b> Add line 40 and line 41 ..... ● <b>42</b> <input type="text" value="0"/>	<input type="text" value=".00"/>	

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

Your name:  Your SSN or ITIN:

**Special Credits continued**

- 58 Enter credit name  code  and amount. . . . . ● 58  .00
- 59 Enter credit name  code  and amount. . . . . ● 59  .00
- 60 To claim more than two credits. See instructions. . . . . ● 60  .00
- 61 Nonrefundable Renter's Credit. See instructions . . . . . ● 61  .00
- 62 Add line 50 and line 55 through 61. These are your total credits . . . . . ● 62  .00
- 63 Subtract line 62 from line 42. If less than zero, enter -0- . . . . . ● 63  .00

**Other Taxes**

- 71 Alternative Minimum Tax. Attach Schedule P (540NR). . . . . ● 71  .00
- 72 Mental Health Services Tax. See instructions . . . . . ● 72  .00
- 73 Other taxes and credit recapture. See instructions . . . . . ● 73  .00
- 74 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions . . . . . ● 74  .00
- 75 Add line 63, line 71, line 72, line 73, and line 74. This is your total tax . . . . . ● 75  .00

**Payments**

- 81 California income tax withheld. See instructions . . . . . ● 81  .00
- 82 2020 CA estimated tax and other payments. See instructions . . . . . ● 82  .00
- 83 Withholding (Form 592-B and/or 593). See instructions . . . . . ● 83  .00
- 84 Excess SDI (or VPDI) withheld. See instructions . . . . . ● 84  .00
- 85 Earned Income Tax Credit (EITC) . . . . . ● 85  .00
- 86 Young Child Tax Credit (YCTC). See instructions . . . . . ● 86  .00
- 87 Net Premium Assistance Subsidy (PAS). See instructions. . . . . ● 87  .00
- 88 Add line 81 through line 87. These are your total payments. See instructions . . . . . ● 88  .00

**ISR Penalty**

- 91 Individual Shared Responsibility (ISR) Penalty. See instructions . . . . . ● 91  .00
- Full-year health care coverage.

**Overpaid Tax/Tax Due**

- 92 Payments after Individual Shared Responsibility Penalty. If line 88 is more than line 91, subtract line 91 from line 88. . . . . ● 92  .00
- 93 Individual Shared Responsibility Penalty Balance. If line 91 is more than line 88, subtract line 88 from line 91. . . . . ● 93  .00
- 101 Overpaid tax. If line 92 is more than line 75, subtract line 75 from line 92. . . . . ● 101  .00
- 102 Amount of line 101 you want applied to your 2021 estimated tax . . . . . ● 102  .00

Your name:  Your SSN or ITIN:

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

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



Your name:  Your SSN or ITIN:

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

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

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

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

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

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

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

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

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

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

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

**Sign Here**

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

Joint tax return? (See instructions)

● Your email address. Enter only one email address.   
● Preferred phone number

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

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

Firm's address  ● Firm's FEIN

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

Print Third Party Designee's Name  Telephone Number

California Adjustments — Nonresidents or Part-Year Residents

2020

CA (540NR)

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

Name(s) as shown on tax return

BALTHA YERUVA

SSN or ITIN

073933179

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

During 2020:

1 My California (CA) Residency (Check one)

a Myself: Nonresident Part-Year Resident Resident

b Spouse: Nonresident Part-Year Resident Resident

Table with 2 columns: Yourself, Spouse/RDP. Rows include domicile information, military status, move dates, and days spent in CA.

Part II Income Adjustment Schedule

Main table with 6 columns: Section A/B, Federal Amounts, Subtractions, Additions, Total Amounts Using CA Law, CA Amounts. Rows include wages, interest, dividends, IRA distributions, pensions, social security, and capital gain.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section B — Additional Income</b> Continued	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>6</b> Farm income or (loss) . . . . . <b>6</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b> Unemployment compensation . . . . . <b>7</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>8</b> Other income.					
<b>a</b> California lottery winnings		<input checked="" type="radio"/>	<b>a</b> _____		
<b>b</b> Disaster loss deduction from FTB 3805V		<input checked="" type="radio"/>	<b>b</b> _____		
<b>c</b> Federal NOL (Schedule 1 (Form 1040), line 8)		<input checked="" type="radio"/>	<b>c</b> <input checked="" type="radio"/>		
<b>d</b> NOL deduction from FTB 3805V . . . . . <b>8</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<b>d</b> _____	<b>8</b> <input checked="" type="radio"/>	<b>8</b> <input checked="" type="radio"/>
<b>e</b> NOL from FTB 3805Z, FTB 3807, or FTB 3809		<input checked="" type="radio"/>	<b>e</b> _____		
<b>f</b> Other (describe): <input checked="" type="radio"/> _____		<input checked="" type="radio"/>	<b>f</b> <input checked="" type="radio"/>		
<b>g</b> Student loan discharged due to closure of a for-profit school		<input checked="" type="radio"/>	<b>g</b> _____		
<b>9 Total.</b> Combine Section A, line 1 through line 7, and Section B, line 1 through line 8, in each column. Go to Section C . . . . . <b>9</b>	<input checked="" type="radio"/> 6,107.	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/> 6,107.	<input checked="" type="radio"/> 6,107.

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Section C — Adjustments to Income</b> from federal Schedule 1 (Form 1040)	<b>Federal Amounts</b> (taxable amounts from your federal tax return)	<b>Subtractions</b> See instructions (difference between CA & federal law)	<b>Additions</b> See instructions (difference between CA & federal law)	<b>Total Amounts Using CA Law As If You Were a CA Resident</b> (subtract col. B from col. A; add col. C to the result)	<b>CA Amounts</b> (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
<b>10</b> Educator expenses . . . . . <b>10</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>11</b> Certain business expenses of reservists, performing artists, and fee-basis government officials . . . . . <b>11</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>12</b> Health savings account deduction . . . . . <b>12</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>			
<b>13</b> Moving expenses. Attach federal Form 3903. See instructions . . . . . <b>13</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>14</b> Deductible part of self-employment tax. See instructions. . . . . <b>14</b>	<input checked="" type="radio"/> 432.	<input checked="" type="radio"/>		<input checked="" type="radio"/> 432.	<input checked="" type="radio"/> 0.
<b>15</b> Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>15</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>16</b> Self-employed health insurance deduction. See instructions. . . . . <b>16</b>	<input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b> Penalty on early withdrawal of savings . . . <b>17</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>18a</b> Alimony paid. <b>b</b> Enter recipient's: SSN <input checked="" type="radio"/> _____ Last name <input checked="" type="radio"/> _____ <b>18a</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>19</b> IRA deduction . . . . . <b>19</b>	<input checked="" type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>20</b> Student loan interest deduction . . . . . <b>20</b>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>21</b> Tuition and fees . . . . . <b>21</b>	<input checked="" type="radio"/> 4,000.	<input checked="" type="radio"/> 4,000.			
<b>22</b> Add line 10 through line 21 in each column, A through E . . . . . <b>22</b>	<input checked="" type="radio"/> 4,432.	<input checked="" type="radio"/> 4,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 432.	<input checked="" type="radio"/> 0.
<b>23 Total.</b> Subtract line 22 from line 9 in each column, A through E. See instructions. . . . <b>23</b>	<input checked="" type="radio"/> 1,675.	<input checked="" type="radio"/> -4,000.	<input checked="" type="radio"/>	<input checked="" type="radio"/> 5,675.	<input checked="" type="radio"/> 6,107.

**Part III Adjustments to Federal Itemized Deductions**

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

**A Federal Amounts**  
(from federal Schedule A  
(Form 1040))

**B Subtractions**  
See instructions

**C Additions**  
See instructions

**Medical and Dental Expenses** See instructions.

<b>1</b>	Medical and dental expenses	<input checked="" type="radio"/>			
<b>2</b>	Enter amount from federal Form 1040 or 1040-SR, line 11	<input checked="" type="radio"/>	1,675.	<b>2</b>	
<b>3</b>	Multiply line 2 by 7.5% (0.075)	<input checked="" type="radio"/>	126.	<b>3</b>	
<b>4</b>	Subtract line 3 from line 1. If line 3 is more than line 1, enter 0	<input checked="" type="radio"/>		<b>4</b>	<input checked="" type="radio"/>

**Taxes You Paid**

<b>5a</b>	State and local income tax or general sales taxes	<input checked="" type="radio"/>		<input checked="" type="radio"/>	
<b>5b</b>	State and local real estate taxes	<input checked="" type="radio"/>			
<b>5c</b>	State and local personal property taxes	<input checked="" type="radio"/>			
<b>5d</b>	Add line 5a through line 5c	<input checked="" type="radio"/>			
<b>5e</b>	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A Enter the amount from line 5a, column B in line 5e, column B Enter the difference from line 5d and line 5e, column A in line 5e, column C	<input checked="" type="radio"/>		<input checked="" type="radio"/>	0.
<b>6</b>	Other taxes. List type <input checked="" type="radio"/>	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>7</b>	Add line 5e and line 6	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**Interest You Paid**

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

**Gifts to Charity**

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

**Casualty and Theft Losses**

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

<b>16</b>	Other—from list in federal instructions	<input checked="" type="radio"/>		<input checked="" type="radio"/>	<input checked="" type="radio"/>
<b>17</b>	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	<input checked="" type="radio"/>	0.	<input checked="" type="radio"/>	<input checked="" type="radio"/>

**18 Total.** Combine line 17 column A less column B plus column C  **18**

**Job Expenses and Certain Miscellaneous Deductions**

19 Unreimbursed employee expenses - job travel, union dues, job education, etc.  
Attach federal Form 2106 if required. See instructions.  19

20 Tax preparation fees.  20

21 Other expenses- investment, safe deposit box, etc. List type  \_\_\_\_\_  21  0.

22 Add line 19 through line 21  22  0.

23 Enter amount from federal Form 1040 or 1040-SR, line 11  1,675.

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0  24  34.

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

26 **Total Itemized Deductions.** Add line 18 and line 25.  26  0.

27 Other adjustments. See instructions. Specify.  \_\_\_\_\_  27

28 Combine line 26 and line 27.  28  0.

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

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

**Yes.** Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 29  29  0.

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

**Part IV California Taxable Income**

1 **California AGI.** Enter your California AGI from Part II, line 23, column E  1  6,107.

2 Enter your deductions from line 30  2  4,601.

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

4 **California Itemized/Standard Deductions.** Multiply line 2 by the percentage on line 3  4  4,601.

5 **California Taxable Income.** Subtract line 4 from line 1. Transfer this amount to Form 540NR, line 35. If less than zero, enter -0-  5  1,506.

**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 BALTHA	Last name YERUVA	Your social security number 073-93-3179
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. 2456 NUTWOOD AVE		Apt. no. A26
City, town, or post office. If you have a foreign address, also complete spaces below. FULLERTON		State CA
Foreign country name		ZIP code 92831
Foreign province/state/county		Foreign postal code
<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

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.  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <i>Standard Deduction</i> , see instructions.	<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		<b>1</b>	
	<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	<b>b</b> Taxable interest . . . . .	<b>2b</b>
	<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	<b>b</b> Ordinary dividends . . . . .	<b>3b</b>
	<b>4a</b> IRA distributions . . . . .	<b>4a</b>	<b>b</b> Taxable amount . . . . .	<b>4b</b>
	<b>5a</b> Pensions and annuities . . . . .	<b>5a</b>	<b>b</b> Taxable amount . . . . .	<b>5b</b>
	<b>6a</b> Social security benefits . . . . .	<b>6a</b>	<b>b</b> Taxable amount . . . . .	<b>6b</b>
	<b>7</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>			<b>7</b>
	<b>8</b> Other income from Schedule 1, line 9 . . . . .			<b>8</b> 6,107.
	<b>9</b> Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶			<b>9</b> 6,107.
	<b>10</b> Adjustments to income:			
	<b>a</b> From Schedule 1, line 22 . . . . .	<b>10a</b> 4,432.		
	<b>b</b> Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>		
	<b>c</b> Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶		<b>10c</b> 4,432.	
	<b>11</b> Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶		<b>11</b> 1,675.	
	<b>12</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .		<b>12</b> 12,400.	
<b>13</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .		<b>13</b> 0.		
<b>14</b> Add lines 12 and 13 . . . . .		<b>14</b> 12,400.		
<b>15</b> <b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .		<b>15</b> 0.		

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	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
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	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	863.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	863.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	1,800.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	1,800.
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	1,800.

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

**Refund**

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	937.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	937.
b	Routing number 1 2 1 0 0 0 3 5 8 ▶ c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 3 2 5 0 5 5 7 8 1 1 5 6		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

**Amount You Owe**

For details on how to pay, see instructions.

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

**Third Party Designee**

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

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

**Sign Here**

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

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

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

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	02/25/2021	P02082703	
Firm's name ▶ GLOBAL TAXES LLC	Firm's address ▶ 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN ▶ 30-1017196

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **01**

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

Your social security number  
073-93-3179

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	6,107.
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ _____ _____	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .	<b>9</b>	6,107.

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	432.
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	4,000.
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a . . . . .	<b>22</b>	4,432.



**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

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

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **02**

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

**Your social security number**  
073-93-3179

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	<b>3</b>	

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	863.
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b . . . . .	<b>10</b>	863.

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

BAA

REV 02/15/21 PRO

Schedule 2 (Form 1040) 2020

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor <b>BALTHA YERUVA</b>	Social security number (SSN) 073-93-3179
<b>A</b> Principal business or profession, including product or service (see instructions) DELIVERY	<b>B</b> Enter code from instructions ▶ 4   2   4   4   0   0
<b>C</b> Business name. If no separate business name, leave blank. DASHDOOR	<b>D</b> Employer ID number (EIN) (see instr.) 
<b>E</b> Business address (including suite or room no.) ▶ 303 2ND STREET SUITE 800 City, town or post office, state, and ZIP code SAN FRANCISCO, CA 94107	
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶	
<b>G</b> Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>H</b> If you started or acquired this business during 2020, check here . . . . . <input type="checkbox"/>	
<b>I</b> Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> If "Yes," did you or will you file required Form(s) 1099? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . . <input type="checkbox"/>	<b>1</b>	53,157.
<b>2</b> Returns and allowances . . . . .	<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .	<b>3</b>	53,157.
<b>4</b> Cost of goods sold (from line 42) . . . . .	<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .	<b>5</b>	53,157.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	<b>7</b>	53,157.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions). . . . .	<b>9</b>	26,450.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	12,000.
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions). . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	5,000.
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health)	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest (see instructions):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>	1,200.	<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>	2,400.
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities . . . . .	<b>25</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. <b>Simplified method filers only:</b> Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>27b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>				6,107.
<b>32</b> If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 3</b> , and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.					

**32a**  All investment is at risk.  
**32b**  Some investment is not at risk.

**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory:    **a**  Cost    **b**  Lower of cost or market    **c**  Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  
If "Yes," attach explanation . . . . .  Yes     No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . .	<b>35</b>	
36 Purchases less cost of items withdrawn for personal use . . . . .	<b>36</b>	
37 Cost of labor. Do not include any amounts paid to yourself . . . . .	<b>37</b>	
38 Materials and supplies . . . . .	<b>38</b>	
39 Other costs . . . . .	<b>39</b>	
40 Add lines 35 through 39 . . . . .	<b>40</b>	
41 Inventory at end of year . . . . .	<b>41</b>	
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 . . . . .	<b>42</b>	

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year)    ► 01/24/2017

44 Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:

**a** Business 46,000    **b** Commuting (see instructions) \_\_\_\_\_    **c** Other 4,000

45 Was your vehicle available for personal use during off-duty hours? . . . . .  Yes     No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . .  Yes     No

47a Do you have evidence to support your deduction? . . . . .  Yes     No

**b** If "Yes," is the evidence written? . . . . .  Yes     No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

48 <b>Total other expenses.</b> Enter here and on line 27a . . . . .	<b>48</b>

**SCHEDULE SE  
(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2020**  
Attachment  
Sequence No. **17**

Department of the Treasury  
Internal Revenue Service (99)

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

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)  
BALTHA YERUVA

Social security number of person  
with **self-employment** income ▶ 073-93-3179

**Part I Self-Employment Tax**

**Note:** If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

**A** If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I . . . . .

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

**1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A . . . . . **1a**

**b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . . **1b** ( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

**2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order . . . . . **2** 6,107.

**3** Combine lines 1a, 1b, and 2 . . . . . **3** 6,107.

**4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 . . . . . **4a** 5,640.

**Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

**b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . . **4b**

**c** Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue . . . . . **4c** 5,640.

**5a** Enter your **church employee income** from Form W-2. See instructions for definition of church employee income . . . . . **5a**

**b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . . **5b** 0.

**6** Add lines 4c and 5b . . . . . **6** 5,640.

**7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2020 . . . . . **7** 137,700

**8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$137,700 or more, skip lines 8b through 10, and go to line 11 . . . . . **8a**

**b** Unreported tips subject to social security tax from Form 4137, line 10 . . . . . **8b**

**c** Wages subject to social security tax from Form 8919, line 10 . . . . . **8c**

**d** Add lines 8a, 8b, and 8c . . . . . **8d**

**9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . **9** 137,700.

**10** Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) . . . . . **10** 699.

**11** Multiply line 6 by 2.9% (0.029) . . . . . **11** 164.

**12** **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** . . . . . **12** 863.

**13** **Deduction for one-half of self-employment tax.**  
Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 14** . . . . . **13** 432.

**Part II Optional Methods To Figure Net Earnings** (see instructions)

**Farm Optional Method.** You may use this method **only** if **(a)** your gross farm income<sup>1</sup> wasn't more than \$8,460, or **(b)** your net farm profits<sup>2</sup> were less than \$6,107.

**14** Maximum income for optional methods . . . . . **14** 5,640

**15** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross farm income<sup>1</sup> (not less than zero) or \$5,640. Also, include this amount on line 4b above . . . . . **15**

**Nonfarm Optional Method.** You may use this method **only** if **(a)** your net nonfarm profits<sup>3</sup> were less than \$6,107 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

**16** Subtract line 15 from line 14 . . . . . **16**

**17** Enter the **smaller** of: two-thirds (<sup>2</sup>/<sub>3</sub>) of gross nonfarm income<sup>4</sup> (not less than zero) or the amount on line 16. Also, include this amount on line 4b above . . . . . **17**

<sup>1</sup> From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Part III Maximum Deferral of Self-Employment Tax Payments**

If line 4c is zero, skip lines 18 through 20, and enter -0- on line 21.

<b>18</b>	Enter the portion of line 3 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>18</b>	0 .
<b>19</b>	If line 18 is more than zero, multiply line 18 by 92.35% (0.9235); otherwise, enter the amount from line 18 . . . . .	<b>19</b>	
<b>20</b>	Enter the portion of lines 15 and 17 that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>20</b>	
<b>21</b>	Combine lines 19 and 20 . . . . .	<b>21</b>	

If line 5b is zero, skip line 22 and enter -0- on line 23.

<b>22</b>	Enter the portion of line 5a that can be attributed to March 27, 2020, through December 31, 2020 . . . . .	<b>22</b>	
<b>23</b>	Multiply line 22 by 92.35% (0.9235) . . . . .	<b>23</b>	0 .
<b>24</b>	Add lines 21 and 23 . . . . .	<b>24</b>	0 .
<b>25</b>	Enter the smaller of line 9 or line 24 . . . . .	<b>25</b>	0 .
<b>26</b>	Multiply line 25 by 6.2% (0.062). Enter here and see the instructions for line 12e of Schedule 3 (Form 1040) . . . . .	<b>26</b>	0 .

## Qualified Business Income Deduction Simplified Computation

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

Attachment  
Sequence No. **55**

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Name(s) shown on return <b>BALTHA YERUVA</b>	Your taxpayer identification number <b>073-93-3179</b>
-------------------------------------------------	-----------------------------------------------------------

**Note.** You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.  
Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	DASHDOOR	073-93-3179	5,675.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	5,675.	
3	Qualified business net (loss) carryforward from the prior year	( )	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	5,675.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		1,135.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	( )	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		1,135.
11	Taxable income before qualified business income deduction	0.	
12	Net capital gain (see instructions)	0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		0.
15	Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶		0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	( 0. )	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	( 0. )	

## Tuition and Fees Deduction

OMB No. 1545-0074

▶ **Attach to Form 1040 or 1040-SR.**  
 ▶ **Go to [www.irs.gov/Form8917](http://www.irs.gov/Form8917) for the latest information.**

Attachment  
 Sequence No. **60**

Name(s) shown on return  
 BALTHA YERUVA

Your social security number  
 073-93-3179



*Use this form for qualified tuition and fees paid in 2018, 2019, or 2020, and later years if legislation extends the deduction (see instructions). File a separate Form 8917 for each year after 2017 for which you qualify to take the deduction.*

**You can't take both an education credit from Form 8863 and the tuition and fees deduction from this form for the same student for the same tax year.**

- Before you begin:**
- ✓ To see if you qualify for this deduction, see *Who Can Take the Deduction* in the instructions below.
  - ✓ If you file Form 1040 or 1040-SR, figure any write-in adjustments.
    - For 2018: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040), line 36.
    - For 2019: Figure any write-in adjustments to be entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.
    - For 2020 and later years: Figure any write-in adjustments for Schedule 1 (Form 1040 or 1040-SR); see the Instructions for Forms 1040 and 1040-SR.

	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Adjusted qualified expenses (see instructions)				
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First name</td> <td style="width: 50%;">Last name</td> </tr> <tr> <td>BALTHA</td> <td>YERUVA</td> </tr> </table>	First name	Last name	BALTHA	YERUVA	073-93-3179	7,610.
First name	Last name						
BALTHA	YERUVA						
<b>2</b>	Add the amounts on line 1, column (c), and enter the total . . . . .		<b>2</b> 7,610.				
<b>3</b>	Enter the amount from your <b>"total income"</b> line of Form 1040 or 1040-SR . . . . .	<b>3</b> 6,107.					
<b>4</b>	<ul style="list-style-type: none"> <li>• For 2018: Enter the total of the amounts on your 2018 Schedule 1 (Form 1040), lines 23 through 33, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040), line 36.</li> <li>• For 2019 and 2020: Enter the total of the amounts on your 2019 Schedule 1 (Form 1040 or 1040-SR), lines 10 through 20, plus any write-in adjustments you entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22.</li> <li>• For later years: See <a href="http://www.irs.gov/Form8917">www.irs.gov/Form8917</a> to find out if the line references above for 2019 have changed . . . . .</li> </ul>	<b>4</b> 432.					
<b>5</b>	Subtract line 4 from line 3.* If the result is more than \$80,000 (\$160,000 if married filing jointly), <b>stop</b> ; you can't take the deduction for tuition and fees . . . . . <small>* If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see <i>Effect of the Amount of Your Income on the Amount of Your Deduction</i> in Pub. 970 to figure the amount to enter on line 5.</small>		<b>5</b> 5,675.				
<b>6</b>	<b>Tuition and fees deduction.</b> Is the amount on line 5 more than \$65,000 (\$130,000 if married filing jointly)?  <input type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. <input checked="" type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000.		<b>6</b> 4,000.				

**Also enter** this amount on line 21 of the 2019 and 2020 Schedule 1 (Form 1040 or 1040-SR), or line 34 of the 2018 Schedule 1 (Form 1040). See [www.irs.gov/Form8917](http://www.irs.gov/Form8917) to find out if the line references above for 2019 have changed.

**Additional information from your 2020 Federal Tax Return****Schedule C (DELIVERY): Profit or Loss from Business****Ln 24b: 50% limit****Itemization Statement**

Description	Amount
FOOD EXPENSES	4,800.
<b>Total</b>	<b>4,800.</b>

**Schedule C (DELIVERY): Profit or Loss from Business****Line 20b****Itemization Statement**

Description	Amount
RENT (12M*\$1000 P.M)	12,000.
<b>Total</b>	<b>12,000.</b>

**Schedule C (DELIVERY): Profit or Loss from Business****Ln 16b: Other Interest****Itemization Statement**

Description	Amount
TELEPHONE	1,200.
<b>Total</b>	<b>1,200.</b>