

Filing Status [X] 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: NAGA PAVAN KISHORE
Last name: BOYINA
Your social security number: 348-37-7633
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.
505 W BASELINE ROAD
Apt. no.: 2162
City, town, or post office. If you have a foreign address, also complete spaces below.
TEMPE
State: AZ
ZIP code: 85283
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 [X] 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

Table with 5 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) if qualifies for (see instructions): Child tax credit, Credit for other dependents. Includes a checkbox for 'If more than four dependents, see instructions and check here'.

Main tax calculation table with columns for line numbers, descriptions, sub-rows (a, b, c), and final amounts. Includes a box for 'Standard Deduction for-' with bullet points for filing status options.

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

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	7,324.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	7,324.
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	7,324.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your <b>total tax</b>	24	7,324.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	9,781.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,781.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) <b>NO</b>	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	32	
33	Add lines 25d, 26, and 32. These are your <b>total payments</b>	33	9,781.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	34	2,457.
35a	Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2,457.
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 7 8 8 9 9 4 3 6		
36	Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	36	

Amount You Owe

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

Third Party Designee

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

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

Sign Here

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

Your signature	Date	Your occupation SOFTWARE DEVELOPER	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. (510) 766-4616 Email address UIPAVAN7@GMAIL.COM

Paid Preparer Use Only

Preparer's name SYAM PRIYA RAM SAGAR GUPTA TALLAM	Preparer's signature SYAM PRIYA RAM SAGAR GUPTA TALLAM	Date 09/16/2021	PTIN P02082703	Check if: <input type="checkbox"/> Self-employed
Firm's name GLOBAL TAXES LLC	Firm's address 2530 Pebble Creek Ln Cumming GA 30041			Phone no. (678) 965-9522
				Firm's EIN 30-1017196

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

**SCHEDULE 1  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

OMB No. 1545-0074

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

Name(s) shown on Form 1040, 1040-SR, or 1040-NR  
NAGA PAVAN KISHORE BOYINA

Your social security number  
348-37-7633

**Part I Additional Income**

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

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶ _____		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ _____		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees deduction. Attach Form 8917 . . . . .	<b>21</b>	2,000.
<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>	2,000.

## 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 <b>NAGA PAVAN KISHORE BOYINA</b>	Your social security number <b>348-37-7633</b>
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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.

1	(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)
	First name: <b>NAGA PAVAN KISHORE</b> Last name: <b>BOYINA</b>	<b>348-37-7633</b>	<b>8,895.</b>
<b>2</b>	Add the amounts on line 1, column (c), and enter the total . . . . .		<b>8,895.</b>
<b>3</b>	Enter the amount from your "total income" line of Form 1040 or 1040-SR . . . . .	<b>66,822.</b>	
<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>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>66,822.</b>
<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 checked="" type="checkbox"/> <b>Yes.</b> Enter the smaller of line 2, or \$2,000. } <input type="checkbox"/> <b>No.</b> Enter the smaller of line 2, or \$4,000. }		<b>2,000.</b>

**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.



DO NOT STAPLE ANY ITEMS TO THE RETURN.

Arizona Form 140NR

Nonresident Personal Income Tax Return

FOR CALENDAR YEAR 2020

82F Check box 82F if filing under extension OR FISCAL YEAR BEGINNING 2020 AND ENDING 66F

1 NAGA PAVAN KISHORE Last Name BOYINA Your Social Security Number 348 37 7633

2 505 W BASELINE ROAD Apt. No. 2162 Daytime Phone (with area code) 94 (510) 766-4616

3 TEMPE AZ 85283 Last Names Used in Last Four Prior Year(s) (if different) 97

4 Married filing joint return 4a Injured Spouse Protection of Joint Overpayment
5 Head of household: Enter name of qualifying child or dependent on next line:
6 Married filing separate return: Enter spouse's name and Social Security Number above.
7 Single
8 Age 65 or over (you and/or spouse)
9 Blind (you and/or spouse)
10a Dependents: Under age of 17. 10b Dependents: Age 17 and over.

11-13 Residency Status (check one): 11 Nonresident 12 Nonresident Active Military 13 Composite Return (see instructions - page 26)

Table with 6 columns: (a) FIRST AND LAST NAME, (b) SOCIAL SECURITY NO., (c) RELATIONSHIP, (d) NO. OF MONTHS LIVED IN YOUR HOME IN 2020, (e) Dependent Age included in, (f) if you did not claim this person on your federal return due to educational credits.

Table with 3 columns: Description, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Source Amount Only.

Table with 3 columns: Description, 2020 FEDERAL Amount from Federal Return, 2020 ARIZONA Source Amount Only.

Place any required federal and AZ schedules or other documents after Form 140NR.

Exemptions 8 and 9 - Dependents 10a and 10b

Arizona Income

Additions

Subtractions - cont. on page 2

Your Name (as shown on page 1) **NAGA PAVAN KISHORE BOYINA** Your Social Security Number **348-37-7633**

Subtractions - cont. from page 1	43 Interest on U.S. obligations such as U.S. savings bonds and treasury bills.....	43		00
	44 Agricultural crops contributed to Arizona charitable organizations.....	44		00
	45 Other Subtractions from Income. See instructions for completing the schedule on page 5.....	45		00
	46 Subtract lines 43 through 45 from line 42.....	46	6,842	00
Exemptions	47 Age 65 or over: Multiply the number in box 8 by \$2,100.....	47		00
	48 Blind: Multiply the number in box 9 by \$1,500.....	48		00
	49 Other Exemptions. See instructions..... 49E <input type="checkbox"/> Multiply the number in box 49E by \$2,300.....	49		00
	50 Add lines 47, 48, and 49. Enter the total.....	50		00
	51 Multiply line 50 by the Arizona ratio on line 27.....	51		00
52 <b>Arizona adjusted gross income:</b> Subtract line 51 from line 46. If less than zero, enter "0".....	52	6,842	00	
Balance of Tax	53 <b>Deductions: Check box and enter amount.</b> See instructions..... 53I <input type="checkbox"/> ITEMIZED 53S <input checked="" type="checkbox"/> STANDARD	53	1,314	00
	54 If you checked box 53S and claim charitable deductions, check 54C <input type="checkbox"/> Complete page 3. See instructions.....	54		00
	55 Arizona taxable income: Subtract lines 53 and 54 from line 52. If less than zero, enter "0".....	55	5,528	00
	56 Compute the tax using amount from line 55 and Tax Table X or Y.....	56	143	00
	57 Tax from recapture of credits from Arizona Form 301, Part 2, line 31.....	57		00
	58 Subtotal of tax: Add lines 56 and 57 and enter the total.....	58	143	00
	59 Dependent Tax Credit. See instructions.....	59		00
	60 Nonrefundable credits from Arizona Form 301, Part 2, line 61.....	60		00
	61 <b>Balance of tax:</b> Subtract lines 59 and 60 from line 58. If the sum of lines 59 and 60 is more than line 58, enter "0".....	61	143	00
Total Payments and Refundable Credits	62 2020 AZ income tax withheld.....	62	185	00
	63 2020 AZ estimated tax payments.. 63a <input type="checkbox"/> 00 Claim of Right 63b <input type="checkbox"/> 00 Add 63a and 63b..	63c		00
	64 2020 AZ extension payment (Form 204).....	64		00
	65 Other refundable credits: Check the box(es) and enter the total amount..... 651 <input type="checkbox"/> 308-I 652 <input type="checkbox"/> 349	65		00
	66 <b>Total payments and refundable credits:</b> Add lines 62 through 65 and enter the total.....	66	185	00
Tax Due or Overpayment	67 <b>TAX DUE:</b> If line 61 is larger than line 66, subtract line 66 from line 61, and enter amount of tax due. Skip lines 68, 69 and 70.....	67		00
	68 <b>OVERPAYMENT:</b> If line 66 is larger than line 61, subtract line 61 from line 66, and enter amount of overpayment.....	68	42	00
	69 Amount of line 68 to be applied to 2021 estimated tax.....	69		00
	70 Balance of overpayment: Subtract line 69 from line 68.....	70	42	00
Voluntary Gifts	71 - 81 <b>Voluntary Gifts to:</b>			
	Solutions Teams Assigned to Schools..... 71		00	00
	Arizona Wildlife..... 72			00
	Child Abuse Prevention..... 73		00	00
	Domestic Violence Services..... 74		00	00
	Political Gift..... 75			00
	Neighbors Helping Neighbors.. 76		00	00
	Special Olympics..... 77		00	00
Veterans' Donations Fund..... 78			00	
I Didn't Pay Enough Fund..... 79		00	00	
Sustainable State Parks and Road Fund..... 80		00	00	
Spay/Neuter of Animals.. 81			00	
82 Political Party (if amount is entered on line 75 - check only one): 821 <input type="checkbox"/> Democratic 822 <input type="checkbox"/> Libertarian 823 <input type="checkbox"/> Republican				
Penalty	83 Estimated payment penalty.....	83		00
	84 841 <input type="checkbox"/> Annualized/Other 842 <input type="checkbox"/> Farmer or Fisherman 843 <input type="checkbox"/> Form 221 included			
	85 Add lines 71 through 81 and 83; enter the total.....	85		00
Refund or Amount Owed	86 <b>REFUND:</b> Subtract line 85 from line 70. If less than zero, enter amount owed on line 87.....	86	42	00
	<b>Direct Deposit of Refund: Check box 86A</b> if your deposit will be ultimately placed in a foreign account; see instructions. 86A <input type="checkbox"/>			
	<input checked="" type="checkbox"/> C Checking or <input type="checkbox"/> S Savings			
	ROUTING NUMBER: 1 2 1 0 0 0 3 5 8	ACCOUNT NUMBER: 3 2 5 0 7 8 8 9 9 4 3 6		
87 <b>AMOUNT OWED:</b> Add lines 67 and 85. Make check payable to Arizona Department of Revenue; write your SSN on payment...	87			00

Under penalties of perjury, I declare that I have read this return and any documents with it, 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 \_\_\_\_\_ OCCUPATION **SOFTWARE DEVELOPER**

SPOUSE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ SPOUSE'S OCCUPATION \_\_\_\_\_

SYAM PRIYA RAM SAGAR GUPTA TALLAM 09162021 GLOBAL TAXES LLC  
 PAID PREPARER'S SIGNATURE DATE FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

2530 Pebble Creek Ln 30-1017196  
 PAID PREPARER'S STREET ADDRESS PAID PREPARER'S TIN

Cumming GA 30041 (678)965-9522  
 PAID PREPARER'S CITY STATE ZIP CODE PAID PREPARER'S PHONE NUMBER

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).